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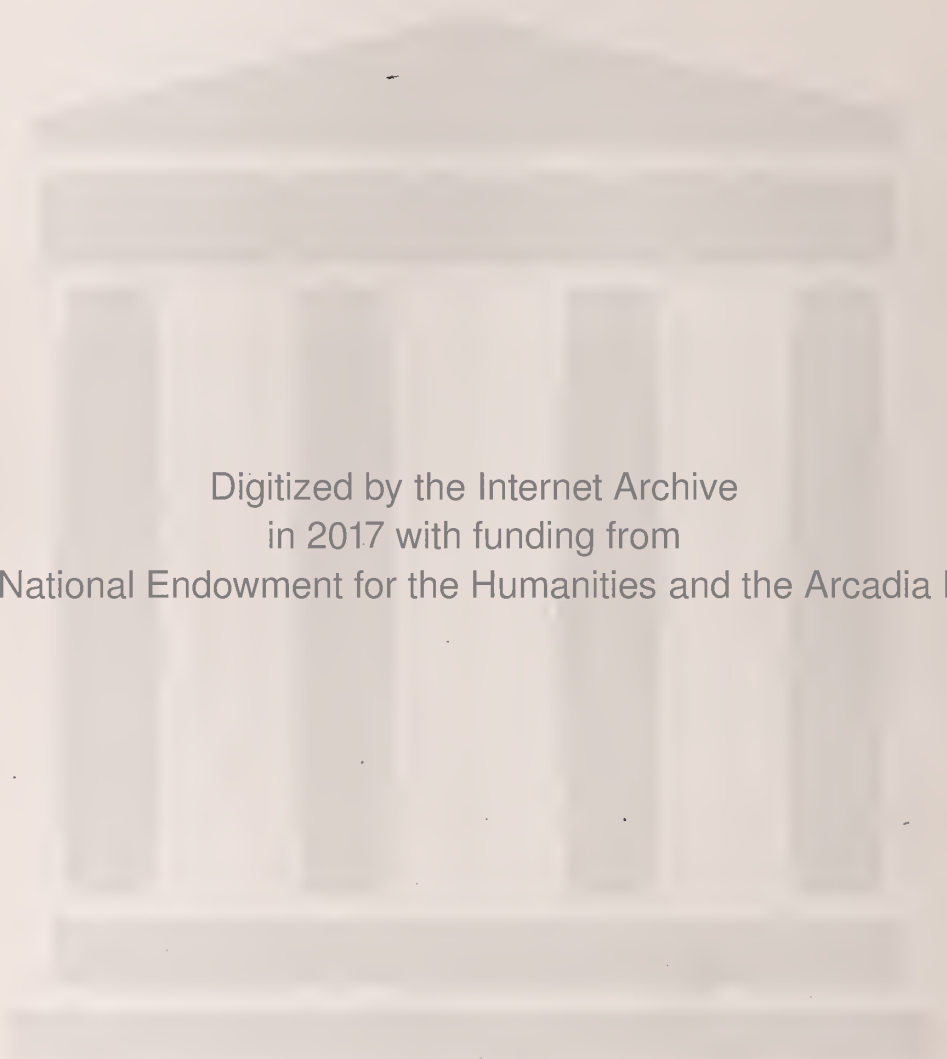
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THE JOURNAL

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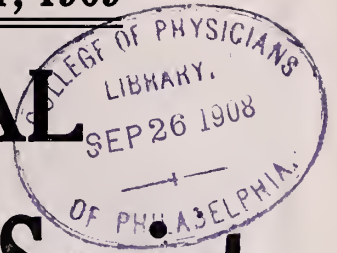
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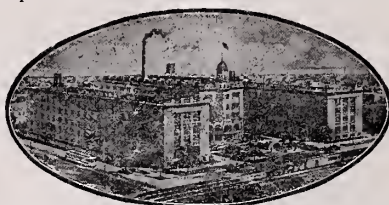
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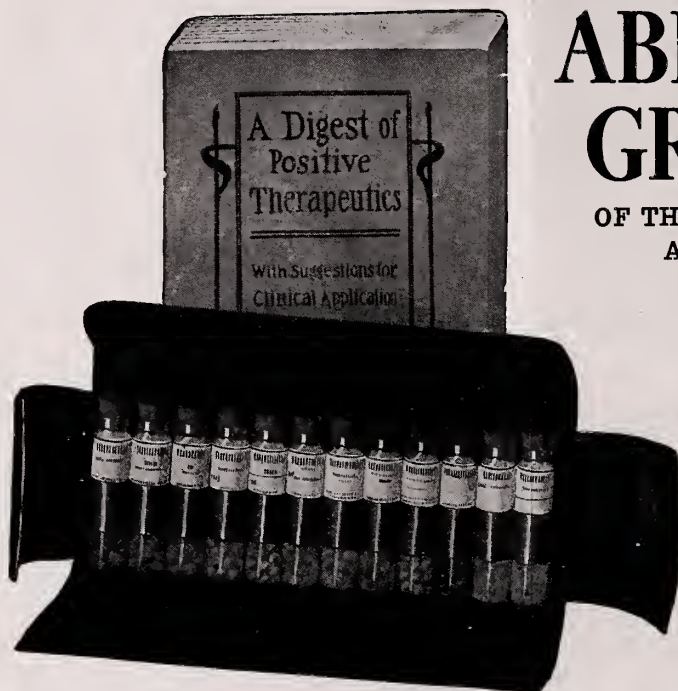
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# THE JOURNAL

OF THE

## Arkansas Medical Society.

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PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

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### *Addresses*

#### SOME FALLACIOUS NOTIONS CONCERNING MEDICAL ORGANIZATION.\*

C. C. Stephenson, M. D., Little Rock.

I esteem it the greatest honor that has come to me in all my professional life to preside over the deliberations of so distinguished a body of medical men as that composing the Arkansas Medical Society. The past history of this Society has been crowned with honor; its present is alive with constant endeavor to promote the welfare of its members and improve its personnel; its future promises an aggressive, ceaseless warfare against disease, pain and death, and at the same time it is brilliant with the possibility of glorious opportunities.

I am deeply conscious of the great weight of responsibility that rests upon me at the present time. Whatever good has come to the laity through the efforts of organized medicine, whatever has been accomplished for the good of the Society has come through your active co-operation and assistance given its officers all along the line, rather than through any effort of your President. Whatever has resulted in failure must be attributed to my short-comings rather than any dereliction of duty on my part. I trust that you will not deal with me too harshly on this account, remembering that I have been actuated only by a desire to promote the best interests of the entire membership, and to discharge the duties as honestly and faithfully as possible, relying upon conscience as my guide.

I shall ask your indulgence for a short time, in order that I may speak to you of a few things which may seem of sufficient importance to warrant me in calling your attention to them.

I shall take as my theme this morning: "Medical Organization; and Some Fallacious Notions Concerning It." This, however, is not to be considered

as embodying the recommendations that I wish to make, it being my purpose to recommend a few things outside of the theme, of which I shall speak to you later on.

#### MEDICAL ORGANIZATION.

I shall necessarily have to deal with the positive side in order that I may bring out the negative of medical organization. Much has been said concerning what medical organization stands for, its possibilities, and its ambition; but so far as I am aware nothing has ever been said concerning the fallacious notions in reference to one of the greatest organizations known to professional men. I have chosen this rather than thresh old straw over.

The positive side of this question refers largely to what has been accomplished by organized medicine during the years since that great and good man, Dr. N. S. Davis, organized the American Medical Association in 1847; what the recent efforts have accomplished, such as better medical colleges, and higher necessary requirements for admission of students, elevation of medical standards generally, medical legislation, practice acts, the objects of medical legislation, such as definite or restrictive legislation, publication of a medical directory, organization of a Council of Pharmacy and Chemistry; affording the public instruction on medical subjects; organization of a committee on medical organization, and the great work accomplished by its chairman, Dr. McCormick. The inauguration of post-graduate work, whereby members of a county society may establish post-graduate work, following out a definite course.

The possibilities that are in store for medical organization are beyond the comprehension of any one—not within the grasp of a single member. But times are changing; new subjects are being presented; these will have to be met and dealt with as the emergencies arise. There is no doubt but what medical organization of the future will meet these problems and possibilities, as they present themselves, equally as well, and quite likely better than in the past.

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\*President's Address delivered at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.

But what shall I say to you concerning the fallacious notions that medical organization has to contend with, which are not only entertained by some uninformed members of county societies, but by the laity in general?

First, I shall say to you that medical organization never was intended as a selfish enterprise. We do not recognize nor stand for anything that is narrow or contracted. The altruistic idea is the alleviation of pain and suffering wherever found. We do not meet together on a common plane to formulate black lists, thereby exchanging with one another such lists of delinquent debtors as may be carried on our books. However, this notion prevails. Medical organization was never designed to be a trust, although members are daily being accused of belonging to a gigantic trust. We make no fee bills, although accused constantly of promulgating such. It is against the law of medical organization to make a fee bill of any kind. While this may have been permissible in the past, under the new regime this has been done away with, thanks be to the bright, liberal-minded men who have formulated the uniform constitution and by-laws, which governs every county medical society in the union (with such modifications as may be suited to a given locality). Medical organization has to bear with fallacious notions of being coupled with many medical frauds that flood the markets of today. It is with a feeling of shame that I must stand before you this morning and make the sad confession that men who pretend to be physicians have, in many instances, so far forgotten themselves as to lend their aid and assistance to the advertising and sale of nostrums that would disgrace a swill trough, much less be a benefit to humanity. Indeed, some of the secret nostrum makers, in their greed for gain, have so far forgotten all sense of justice and honesty, that it is no uncommon thing to see an advertisement in reference to the medical profession in some locality as having discussed these nostrums, looking upon them with astonishment and mystery. These human vampires that suck the lifeblood of suffering humanity under the guise of a reputed endorsement of the medical profession, should not only meet with the severest condemnation, and a just punishment, but the laity should at once ostracize any pharmacist who will carry on his shelves an article thus handed out to the unsuspecting public.

There are many fallacious notions concerning medical organization entertained and accepted by many physicians.

#### ADVERTISING "DOCTORS."

Medical organization was never designed for the purpose of being used as a lever for selfish gain. The channels through which gain comes to the

member being wholly altruistic and dependent upon one's own efforts. The laity have a fallacious notion concerning medical organization; that it was born for the sole purpose of keeping alive mystifying ideas which have been installed and are unexplained to any except a physician. Thanks to an advancing age the light is being turned on in so plain a way that he who runs may read. Commercialism has been winked at too long by the members of the medical profession. The sleep that has followed lethargy has at last passed away. The giant that has slumbered for so many years has aroused. Public opinion and professional opinion are now pointing with the finger of scorn to those who sacrifice in any instance the welfare of the human being for the sake of gain; but we still see in our daily prints, some operation heralded in their local notices or in press dispatches, as being performed by Doctor So-and-So.

Shame on any physician, be he member of a medical society or not, who will permit the use of his name in connection with any operative procedure purporting to relieve humanity. It is one way of keeping one's self prominently before the public, as though one had bargain counter prices to offer, or some job lot in the way of influence to hand to the afflicted. I say it is a professional shame and disgrace to any physician, who would so far forget himself as to allow commercialism to dominate him, that he would continuously submit to interviews from reporters, in order that his name may appear in print as being the surgeon or the physician of some poor sufferer! The fact that these notices appear in the papers should be *prima facie* evidence to the laity, as it is to the doctor, that such are with the connivance or at least the consent of the operator. Human lives and the relief of pain are things too sacred to be trafficked through the columns of a newspaper. Professional ethics and a desire to be honest, linked together with a God-given conscience, should not, for one moment, be classed along by the side of blood suckers, who advertise their skill and their nostrums. One way for the public to discriminate between fraud and honesty, is for honesty to stay as far away from fraud as possible.

Medical organization has to bear the fallacious notion that a member, in some instances, may have a column advertisement detailing to a credulous public what wonderful cures he is able to make; indeed, he is almost entirely independent of any fee, and need not be paid until relief is obtained! All sorts of guarantees from unstopping the ears of the deaf, opening the eyes of the blind, making the lame and the halt walk, and almost raising the dead, will be given to any one who may apply. It is no unusual thing for



an upright, honest physician to find himself contrasted with these fakirs and frauds and—shall I call them thieves? Yes, they are thieves, because they do a thieving business, trafficking in human health. These shysters are mentioned as Doctor So-and-So, who has done so and so; strange to say, some of our reputable laymen patronize and endorse this set of quacks. It is unfortunate for medical organization that the stigma of this nefarious business has even in an indirect way to be coupled with it as one of the fallacious notions. It would be well for the laity to learn once and forever the difference between the fraudulent “doctor” and the worthy physician who is doing an honest business. The laity can ascertain this definitely without the employment of a detective. All on earth they will have to do is to look upon the roster of members of any county society, or ask any member of it concerning such person. They may rest assured that the membership represents men of the highest standing in their respective counties. True, you may sometimes find frauds within such a society, but these are the exception and not the rule; for as soon as fraud is discovered in the membership of any county medical society, it is only the work of a few hours for righteously indignant hands to remove such disreputable, fungus member.

#### STATE HOSPITAL AND POST-GRADUATE CLINICAL SCHOOL.

It would be an easy matter to dwell upon the disgusting and dishonorable practices and connect the same with fallacious notions concerning medical organization; but what I have said is more to impress upon your minds and call attention to them, than to give information.

It shall be my pleasure now to call your attention to the work which I think the Arkansas State Medical Society should undertake; and in doing this, it shall be my purpose to be definite as well as practical. While I shall recommend that certain things be done, I shall attempt to be explicit and specific in these recommendations. Not referring them in a general way, but requesting that the proper committees act, if so ordered by this body.

First, I expect to develop a protest from many quarters in recommending that the Committee on Medical Legislation be instructed to prepare a bill for presentation to the next Legislature, making provision for converting the old State House into a State Hospital. I am fully aware when I make this recommendation that I am going contrary to the wishes of some of the sweetest and best women that ever graced any state on God's footstool. I know that these dear ladies have said that their desire is that this old historic building shall be used to establish a museum. I shall assume that

they have not considered the more beneficent and humanitarian results that will follow by converting this building into a hospital than by giving it over for museum purposes. If only one poor sufferer should be relieved and restored to health and happiness it would more than repay for all the curios that the United States could pile up on these grounds. There is hardly a week that passes but what some county in the state does not send to Little Rock for treatment some poor unfortunate, in many instances, diseased, destitute and homeless. It is a popular belief in some sections that Little Rock contains a State Elemosynary Institution, wherein this class of people may be taken care of gratuitously.

No city in the union can boast of more charity than is contained in Little Rock; but its County Hospital is not intended for charities except residents of Pulaski County, who pay taxes for maintaining this institution; the same may be said of the City Hospital.

The result is, these people come here and have to receive the sad information that no provision has ever been made for such cases; that they must look to their own town or county for relief. Would it not be a step in advance for Arkansas to own a State Hospital, whose charity should be so broad as to exclude no one? We would do well to model after the great Charity Hospital of New Orleans, which never refuses a worthy sufferer that makes application for admission.

It would be an easy matter to convert this old building into a sanitary hospital by removing the entire inside ceilings, floors, plastering, windows and doors, leaving nothing but the old historic walls; then replaster, refloor and receil, and put in new windows and doors. I cannot conceive of a nobler purpose for which this old historic building might be utilized.

As to its maintenance, let the Legislature make an appropriation every session for a specific sum; this sum to be set aside for the purpose. Let the County Judge of each county decide who are worthy applicants for charity; let the service rendered this hospital by all the physicians be gratuitous—positions of honor instead of pay; no salaries to be paid anyone except those who are in actual authority and officials who serve all the time, including superintendent, secretary, orderlies, cooks, etc., and those who have actual labors and duties to perform and their entire time to give. It should be designated as the ARKANSAS STATE CHARITY HOSPITAL, and be equipped with complete bacteriological and pathological laboratories, in charge of a competent bacteriologist and pathologist, whose duty it would be to make examination of any specimen that might be sent in from any reputable practitioner in the

State of Arkansas. Invaluable aid would thus be given in diagnosis, and not only the lives of our citizens saved, but epidemics could be averted and obscure cases cleared up in such a way that the benefit to the citizens of our State would be beyond comprehension. Would this not be infinitely more fitting as a memorial to the sturdy pioneers who settled Arkansas; and as an institution suited to our present needs, would it not be far more preferable to a collection of Indian flints, arrow heads and relics of the mound builders' art? At the same time the building, so dear to us all would be preserved a rendezvous for the suffering.

The State of Arkansas makes provisions for county normals and her teachers are required to attend them. Would it not be a splendid thing for post-graduate work to be carried on at this hospital free of charge to any physician who might not feel financially able to get to the Eastern clinics, to come here and stay as long as they desired and receive bedside instruction in those branches in which they may feel the lack of training and experience. This knowledge carried back to their homes would be a blessing to their patients to be applied every day in their practice.

There should also be provided a post-graduate course for nurses, whereby nurses from any recognized training school could receive practical instructions in things pertaining to their profession. The same benefits resulting would accrue to those to whom such nurses administered. The course of instructions to be given without charge.

Let the staff of bedside physicians and surgeons for this hospital be under the control of our State Medical Societies, that no position of honor be given out to those who are not known to be best qualified for such position, irrespective of professional belief. Above all let politics be eliminated from the management of this hospital. Let the board of trustees or directors and all who are in control be appointed by the State Medical Societies. In this way no one could hope to be placed in charge of any department of this great institution by reason of his affiliation with any ring or political clique. I would not exclude from its bedside any reputable physician whom a patient might wish to have called in, be he member of the medical staff or not.

In addition to this let there be rooms for pay patients who may wish to be cared for there, preferring it to other institutions of like character. I am reliably informed by parties who know that this plan is entirely feasible, and that it could be carried out at no great cost. True, counties that have hospitals might object; but this need not in the least prove a barrier. These same counties most assuredly would not feel the small amount, and what would it be when contrasted with the

great good to be accomplished. I doubt if a single county hospital in the State has a bacteriological or pathological department. They could well afford the amount for this benefit, if nothing more.

#### COUNTY ORGANIZATION AND POST-GRADUATE WORK.

I would like to take up briefly the subject of county organization and work in county societies. It is well known that we have through Dr. J. H. Blackburn, of Kentucky, a full course of post-graduate work. It seems to me a county society could do nothing better than to adopt and carry out this course as outlined by Dr. Blackburn. It has been carefully prepared and the full needs of a county society taken into consideration. It will, however, be impossible to do this work effectually unless your membership attends regularly and punctually; and unless you are constantly getting in new material, there will be at times most likely a decrease. There should be no county in the State of Arkansas where an available man, who is eligible to membership, is on the outside. It is surely some one's business to exert some influence over this individual, and some one can reach such an one, if they will but go to him in the proper way and make clear the benefits of organized medicine. I would urge upon you and insist when you go home that you look over the list of the resident physicians in your county, and see to it that every man who is eligible for membership has a special invitation to attend your meetings, show him every attention and make it attractive for such an one, and at the proper time urge him to put in his application.

#### ADVERTISEMENTS ACCEPTED BY THE JOURNAL.

I would recommend that the question of advertising in the Journal of the Arkansas Medical Society be definitely settled by the Committee on Publication, and that one of two things be done: Either accept only such advertisements of medicines as have the endorsement of the Council on Pharmacy and Chemistry; or, give the Secretary *carte blanche* to accept anything he may have offered for publication.

#### THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY.

Just a word here concerning our medical JOURNAL. I would recommend the continuance of this publication; and that it be owned and published exclusively by the Arkansas Medical Society as heretofore; for in no other way can the interests of the Society be served so satis-



factorily as through the medium of a JOURNAL, wisely conducted.

#### MEDICAL LEGISLATION.

I recommend that no action whatever be taken concerning the preparation of a bill looking towards the passage of a new medical law and creating a State Board of Health and the registration of vital statistics. Much as I desire to see a board of medical examiners, regardless of "ism," or faith; I believe the time is not yet ripe to take this question up, my reason being that our national committee is at work on a bill whereby they expect to cover the ground thoroughly, that it will be acceptable to all the states; and that a uniform bill embodying reciprocity will be presented, passed and grace the statute books of every State in the Union. It will be best to await the action of this committee.

For your information I will state that the Council of Medical Education, of the A. M. A., is getting together material bearing on the history of medical legislation, in the different states, with the view of making a comparison of the various state laws, and I will also say that the Council is getting together the decisions of the courts, so as to get some basis for formulating a medical practice law, which will be applicable to all of the states. The Council on Medical Education is also working on the question of legal requirements for medical education, etc., and your President, for this reason, as suggested, deems it best to await the preparation of this uniform practice bill, which will be presented to the various state societies for consideration and action.

#### INDECENT ADVERTISEMENTS.

Your President would recommend that a committee be appointed by this Society and request that a similar committee be appointed by the Arkansas Press Association, whose duty it shall be to have a meeting, or meetings, looking to the rejection of indecent advertisements, such as appear in some newspapers, and on the bill boards in the State of Arkansas.

It has been said by a medical journal published in Texas, that there was not a girl in that great State fifteen years of age or over, who did not know what Tansy Pills were for! God save Arkansas from such shame. Our newspaper friends no doubt, feel somewhat handicapped; they, too, have their livings to make. The checks received from advertising pay their grocery bills, the same as the check received by the physician pays his expenses; but I do not believe for one moment that a reputable newspaper, belonging to the Arkansas Press Association would publish any advertisement to which objection could be made by such a com-

mittee. I do not believe that any city council would tolerate for one moment a billboard along its sidewalks with an advertisement pasted on it, to which objection was made by said committee.

#### THE "MADSTONE."

While we are on the subject of publication of objectionable matter, I wish to condemn in no uncertain way the inestimable damage that is being done by the laity from newspaper exploitation of the so-called "madstone." Who of us has not seen the headlines and vivid newspaper accounts of persons who have been bitten by dogs suffering from hydrophobia, and cured by the application of the so-called "madstone." Instead of our newspaper friends advertising this fallacious remedy for hydrophobia, they should be requested to do all they can to suppress news items purporting to herald these wonderful cures. It is well known that rabies has never been cured in this way, and our daily papers should not be used as a tool to deceive the public, which it should be the first to enlighten. The laity should be taught to understand that Pasteur Institutes for the prevention and treatment of hydrophobia are within easy reach. We do not charge that these newspaper notices are given, except through unselfish motives; but it makes no difference how they are published, they are damaging nevertheless, and as such should be suppressed. This object, I am quite sure, may be readily attained by placing the matter in its proper light before the Arkansas Press Association and our newspaper friends generally.

#### COMPULSORY VACCINATION LAW.

Your President would recommend that the Committee on Legislation prepare a bill for a compulsory vaccination law. Arkansas will have smallpox for one thousand years more; in fact just as long as those who are unprotected are exposed.

I realize that in making this recommendation I shall encounter opposition fierce and keen; especially from the class who believe that a person should have the right to vaccinate, or not, as he sees fit; and to vaccinate in a way that is acceptable to them, whether recognized or not. It is no uncommon thing to hear men say, "Our rights must not be trampled upon. We have the right to vaccinate, or not to vaccinate; it is no one's business." It is your business when you have the smallpox next door, to know whether or not they are properly quarantined, and members of your family are protected. It is your business to know whether a ferocious wild beast is running at large around your premises "unmuzzled." It is the business of parents to give protection to those who have

not arrived at the age of accountability. You who do not vaccinate your children are responsible for failing to provide that protection which science has demonstrated time and again to be absolutely effectual.

#### RESTRICTING MARRIAGE LICENSES.

Again I wish to speak on a subject which concerns us all. I recommend that the Committee on Legislation be instructed to prepare a bill for presentation at our next legislature, regulating the issuance of marriage licenses. It may be that this will provoke a smile from the thoughtless; but look around you and say where social degeneracy begins. Does it not begin at the marriage license window? Do not the rich and the poor; the wise and the feeble minded; the lame, the halt, the blind; the weak and the strong all meet upon a common level at this window? Does not disease lurk here and make application for license along by the side of health? Do not tuberculosis and the unmentionable diseases seek for the same privileges asked for by health and physical perfection? Who is the judge? The clerk, to be sure! Now, with all due deference to the county clerks of the State of Arkansas, I ask the question in all seriousness, are they competent and skilful enough to judge of the physical fitness of any one to enter into such sacred relations? Are they capable of knowing whether or not social degeneracy, disease and suffering and all that follow in the wake and train of unhappy marriages, are likely to ensue?

Restriction and regulation of the issuance of marriage licenses will do much toward thwarting transmissible diseases; much toward thwarting social degeneracy. Why not apply the same laws concerning the human being that the stock raiser employs? Are human beings any less valuable to the state as citizens, than live stock is to the state as a commercial asset? No stock raiser would think for a moment of going blindly about stock raising without the observance of physical perfection at least; yet we, as human beings, close our eyes blindly to this holy, sacred relation.

#### ASSOCIATION OF SECRETARIES AND EDITORS OF STATE JOURNALS.

It is with pleasure that I inform you that during the meeting of the American Medical Association at Atlantic City last year, an organization of the secretaries of the state societies and editors of state journals was formed. Probably nothing in the whole scheme of organization will be productive of more good than such an organization as this. It has already secured a common advertising agent in New York for all the state journals and has been negotiating for

others in the Central and Western states. Successful methods used in the different states can be compared and much time and labor saved for these reasons and others which will be obvious. A committee was appointed to confer with all the state societies and associations, and, if possible, get them to pay the actual expenses of their secretaries and editors to a full meeting of this association, which is to be held at the Auditorium Hotel, in Chicago, Monday evening, June 1, 1908.

Your President recommends that this question be carefully considered, and if at all possible, arrange to pay the expenses of our secretary while attending this meeting. The increase in our advertising patronage will, I am sure, more than replace the amount so appropriated.

#### UNIFORM STANDARD OF EDUCATION.

We would recommend that the Committee on Medical Legislation prepare a request, bearing the endorsement of this Society, and directed to the Superintendent of Public Instruction, setting forth that it is the desire of the Arkansas Medical Society that he use his best endeavors to have a law passed by the next General Assembly defining what constitutes a High School Course.

For your information I beg to quote the following extract, which sets forth clearly the salient features of this subject:

"In the discussion of entrance requirements to medical schools, the phrases, 'a high school course,' 'a four-year high school course' and 'a high school diploma,' and a number of other expressions are commonly used. The question arises, 'What constitutes a high school course, or what should be recognized as constituting a high school course.'

"And with other departments of education, high schools vary widely in their curriculum, and in the amount of required prerequisite work in the grades. Some have only three years work after seven years in the grades, others have three years after seven years elementary work, and still others have four years of work following eight years in the grades. Besides these differences, they vary much in regard to the subjects taught, the methods of teaching and the hours devoted to each subject.

#### WORK OF THE COMMITTEE OF TEN.

"As is well known to those who have watched the progress of education in this country, in 1894 a committee of the National Educational Association, which has been entered in history as the 'Committee of Ten,' published their report which has been spoken of as 'the most important educational document ever issued in the United States.'

"The report of the Committee of Ten was based on nine special conferences, each of which took a certain portion of the high school curriculum.

"Each conference was composed of ten leading educators carefully selected on account of their high standing in the branches to be discussed.



These conferences were made up of ninety educators, making a total of one hundred when we include the Committee of Ten. All of these were educators of national, and many of international reputation. This Committee of Ten have recommended four years following eight elementary grades.

"The chief need, apparently, is a clear demarcation between what studies are elementary and what belong in the high school curriculum, as well as a clear understanding that high school courses represents four years of graded study, given to subjects clearly recognized as high school branches, preceded by eight years study in the elementary grades. As has been seen, the National Educational Association through its Committee of Ten, has urged this standard for the high schools of the United States.

"It is understood also that this same standard is the minimum requirement of preliminary education making colleges and universities eligible for the Carnegie Foundation lists.

"The average of the conditions surrounding medical legislation throughout the United States induced the Council on Medical Education to suggest to the American Medical Association, the adoption of this same standard as the minimum preliminary educational requirement to medical study. This standard was adopted by the House of Delegates of the American Medical Association, at Portland, in 1905, and again endorsed at Atlantic City in June, 1907."

#### DEFINING A HIGH SCHOOL COURSE.

I trust that in Arkansas, where at present there are a considerable number of schools of varying standards, that there will be a decided effort to secure uniformity on the above proposed basis; which will result in a law defining what constitutes a high school course in this State, and specifying what same shall be, and making the teaching of it, or such elective courses as may be specified, compulsory in all high schools taught in the State of Arkansas.

#### MEDICAL EDUCATION.

Your President would recommend that the Arkansas Medical Society place itself on record as endorsing the ideal standard of medical education adopted by the American Medical Association, which I will read to you. Standards of medical education will never be raised unless demanded by medical societies, and I think that Arkansas should take a step forward by our State Society favoring this ideal standard. For your information, I will read what is now recommended, and will follow with the ideal standard.

#### STANDARD NOW RECOMMENDED.

The minimum standard now recommended prerequisite to the practice of medicine, is as follows:

1. (a) The preliminary requirement to be a four-year high school education, or its equivalent such as would admit the student to one of our recognized universities; (b) and in addition (as

soon as conditions warrant), a year or not less than nine months devoted to the study of physics, chemistry, biology and one modern language, preferably German, to be taken either in a college of liberal arts or in a recognized medical college, having a preliminary year devoted exclusively to the subject mentioned.

2. There should be a requirement that previous to matriculation in a medical college every student must secure from the State Examining Board, a "medical student's entrance certificate," which would be issued either on presentation of credentials, of preliminary education not less than that laid down by requirement one, or on passing an examination given by the Board, and which will satisfy the Board that the student has an equivalent education.

3. A medical training in a medical college, having four years of not less than thirty weeks each year, exclusive of holidays, of thirty hours per week of actual work.

4. Graduation from an approved medical college required to entitle the candidate to an examination before a State Examining Board.

5. The passing of a satisfactory examination before a state examining board.

#### THE IDEAL STANDARD.

The ideal standard to be gained from the present viewpoint to consist of: (a) Preliminary education sufficient to enable the candidate to enter our recognized universities, such qualifications to be passed on by the State authorities. (b) A five-year medical course, the first year of which should be devoted to physics, chemistry and biology, and such arrangements should be made that this year should be taken either in a school of liberal arts, or in the medical school. Of the four years in pure medical work, the first two should be spent in laboratories of anatomy, physiology, pathology, pharmacology, etc., and the last two in close contact with patients in dispensaries and hospital in the study of medicine, surgery, obstetrics, and the specialties. (c) A sixth year as an interne in a hospital or dispensary should then complete the medical course.

Under such a scheme the majority of men would begin the study of medicine between 18 and 19 years of age, and would graduate from the hospital internship at from 24 to 25. A college education is recognized as a desirable preparation for a limited number of men, but it is thought that it is not and never will be desirable to make such college education a requirement to the study of medicine, as it would make the age of graduation from 27 to 28 years; which is regarded as too old a period at which the young medical man should begin his life

work. It is obvious that this very desirable scheme of requirements cannot be at once demanded or recommended.

The ideal standard is apparently the best suited to all needs, and I trust it shall meet with your favor.

#### LICENSE FOR UNDERGRADUATES.

There are now only six states in the union that permit the undergraduate to appear before their state boards of examiners for the purpose of being examined for a license to practice medicine. Arkansas, I regret to say, is one of the six. Shall we be the last to move forward? Shall we continue to be the dumping ground for the refuse of the other states, and thus permit our ranks to be filled with a set of men whose standards of medical learning are low? We have had too much of this already. Let's put a stop to it and have fewer doctors and better doctors.

Your President recommends that the Committee on Medical Legislation be instructed to prepare a bill to amend Section 8 of our present medical law, whereby none but graduates of reputable medical colleges can be admitted to the practice of medicine. Bearing in mind the importance of specifying that the Board alone shall be the judge of what schools are reputable and those that are not.

It is a well known fact, that the Council on Medical Education, in a tour of inspection of medical schools during the past year, found thirty-two schools that were but little more than diploma mills, and all of these unworthy of recognition.

The Board should therefore not be handicapped by being compelled to recognize diplomas from schools with such low standards. Let me urge, above all things, that the Board be the sole judge as to the standing of schools whose graduates may ask for a license to practice in Arkansas.

#### BOARD OF VISITORS, UNIVERSITY OF ARKANSAS—MEDICAL DEPARTMENT.

Under our present law there is no provision for the appointment of this Board, but following a well known precedent which was established by a former law, I appointed a Board for this year, as the matter was undoubtedly overlooked at our last meeting, I now recommend that a resolution be presented requesting that the State Board of Medical Examiners for the Arkansas Medical Society, be authorized to act as this Board of Visitors, and make visits to both medical schools namely, the University, and the College of Physicians and Surgeons.

#### GOLD MEDAL GIVEN BY THE ARKANSAS MEDICAL SOCIETY.

There is no provision under our new law for the presentation of this medal to the University, as heretofore. I also would recommend that as a stimulus to energetic, faithful, and worthy study in the branches as taught, that a continuance of this be offered, and in addition that the same be offered on equal terms to the College of Physicians and Surgeons, and hereafter let the State Board of Medical Examiners of the Arkansas Medical Society act as the judges in the examinations, for the bestowal of these prizes to the most proficient. I make this latter suggestion, that our State Board may feel more than a passing interest in our medical schools, and that they may be brought in direct contact with them, through this, another avenue. These suggestions are made of my own motion and without consulting with the Deans of either school, or any member of either faculty. I do so that the State Society may continue not only to exercise a watchfulness over one, but both schools, and report to this society that it may know of the methods used, and let the world know that they have the endorsement of the Society so long as merited.

I trust that I have not wearied you, and I will now come to a close. I can only urge you to push forward with renewed vigor and courage. Never give up until the battle is won. Lay not your armor aside until victory perches within your grasp. Do not be dismayed. There is something for all of us to do, and a result for each to accomplish.

Before you go away from this session of the Arkansas Medical Society, my brother practitioners hear me. I would ask you to heed what you have opportunity to learn, and carry to suffering humanity in your neighborhood any fact or principle that might give relief from pain, for blessed will be the reward in heaven for the work of the faithful, Christian physician. Some day from overwork or from bending over a patient, you may become infected. You will go home; you will lie down faint and sick; perhaps you may be too weary to try your own pulse or take your own temperature. Your diagnosis is not within your reach; you are worn out. The fact is your work on earth is nearing an end. The people who remain in your office must be informed that they need not wait any longer, the doctor will never go there again; his last prescription for the relief of human suffering has been written. The telephone will ring and inquiries pour in concerning your condition; the sympathies of the neighborhood will be aroused, and the friends you've made all along your pro-



professional career, will offer many prayers for your restoration. But, alas, he who has been so kind to the sick, and comforted so many in their last pangs has now come to the edge of the river. You have attended your last session of this Society. It will soon be over. The convalescent patients will go to their windows only to see a hearse passing by, while the poor will stand on the street corners, with heads bare, and will say, "Oh, how good he was to us all." On the other side of the river your dear ones will come out to welcome you, while the Physician of Heaven will say, "Enter in, thou good and faithful servant. Thou hast been faithful over a few things; I will make thee ruler over many."

#### GETTING PRACTICE.\*

Henry Thibault, M. D., Scotts.

A medical society which devotes its time to speeches of mutual admiration, in which every member says something good about every other member, is hardly one that will lead to the development of high ideals, or to elimination of the faults of its individual members. Since we have our ills and our faults, nothing but a clear understanding of them and their causes can enable us to eliminate them. And as the faults of all the members of the profession affect directly or indirectly the general practitioner, whom this section represents, I take the liberty of bringing them to your notice.

The practice of medicine presupposes someone to practice on. The coming of the patient is the first step in the treatment of the case. Therefore the methods by which physician and patient are brought together are not to be neglected.

The ideal method, and the only legitimate method of getting practice, is for the physician to educate himself thoroughly and let the patients find him out by the results of his work. This is the old way. The slow way. The sure way and the honest and right way, and every other way is advertising; and advertising in any way, legitimate or illegitimate, is an acknowledgement on the part of the advertiser that he does not consider his merit sufficient to get for him the practice that he wants. Of course from the standpoint of honor and merit all advertising is illegitimate. But from the standpoint of our written laws and codes of ethics, it may be divided into legitimate or unpunishable and illegitimate or punishable advertising. As the members of this society are generally guilty of the unpunishable kind, I will confine my remarks to it.

Of the so-called legitimate methods of advertising the following are a few:

1. Advertising in the newspapers, which includes cards, interviews, social announcements.
2. Working society.
3. Using lodges and churches.
4. Circular letters to members of the profession.
5. Using medical journals, both as contributors and editors.
6. Suddenly turning specialist.
7. Getting into a town's commercial advertisements.
8. Private sanatoria.
9. Catering to ignorance, by working medical societies, editing and writing for cheap, unclean medical journals; working the ignorant patient; working the undergraduate doctor.

1. Advertising in newspapers. Of all the methods of using the newspapers, the insertion of cards is the least reprehensible, because the advertiser leaves no doubt as to what he is doing, and sometimes the cards are so fortunately worded that they display the ignorance of the advertiser. For example, I quote one inserted by a member of this society in a Little Rock paper, and advertising a pathologist and his equipment: "Tuberculosis treated by the new opsonic theory. Opsonic indices made." I have no doubt but that he treated his patients by theory, and that whatever opsonic index he got he made it. The best thing about these cards is that they show us that the advertiser has lost confidence in his own professional ability as a means of getting practice, and is substituting something else for it.

Interviews are just as sure a symptom of the lost faith in professional skill, but they are a more cowardly way of showing it. A St. Louis surgeon was a past grand master at this method of advertising. He has been interviewed on everything from extirpation of the stomach and suture of the heart to the cure of corns. After all this he was the author of one of the text books of the "Golden Rule" series.

Some of our own members like to celebrate the Fourth of July by being interviewed on tetanus. Some years ago one of our members who has received many honors from this society and who practices a specialty in Little Rock, gave the paper a long interview on the wonders and virtues of the vapor massage treatment of deafness, incidentally stating of course, that he had the instruments for giving this kind of treatment in his office.

Social announcements are a little more cowardly than any of the other newspaper methods of advertising. They shield the perpetrator, often behind the skirts of the female members of his family, and he knows he is within the law, no

\*Chairman's Address read in the Section on Medicine, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.

matter how guilty he is. The only time he ever gets out in the open is when he does as a young surgeon here in Little Rock did last summer. He went North to visit some of the clinics, and one paper announced the fact of his going, his being there and his return just fourteen times to my personal knowledge. These announcements ran very much like this: "Dr. ——— will leave next week for the Chicago clinics." "Dr. ——— leaves tonight for Chicago, where he will attend the clinics," etc. "Dr. ——— left here last night for Chicago, where he will attend the clinics," etc. "Dr. ——— arrived in Chicago yesterday. He is attending the clinics there." A day or two later, "Dr. ——— is in Chicago attending the clinics." Then in a few days more, "Dr. ——— will be in Chicago for the next ten days attending the clinics," etc., and "Dr. ———, who has been in Chicago some weeks attending the clinics there, will leave Monday for Rochester, Minn., where he will attend the Mayo clinics." And again, "Dr. ——— left Chicago Monday for Rochester, Minn., where he will attend the Mayo clinic." These were followed by many others stating that he had gotten to Rochester, that he had been there so many days, that he would be there so many days in all, that he would leave for home in so many days, that he had started home, that he had finally gotten home, and even one or two after that.

I am sure no one believed that the paper was doing all this without a tip from him, and probably he was the only person deceived by this admission of lost faith in his own ability.

2. Working society in general is so much like working medical societies and backwoods doctors that a brief mention is all it needs. It is a card well used by some members of his Society.

3. Using lodges and churches. This is a method of getting practice that is as old as it is disgusting and cowardly. The hypocrite in the lodge is no better than the hypocrite in the church, and the physician that connects himself with either for the purpose of getting practice is guilty of the basest desecration. Those who are sincere in such organizations are honored. Those who are not, are condemned in their own eyes to begin with, and use this ambiguous method of admitting to themselves that they lack ability.

4. Circular letters. When I get circular letters from surgeons and specialists telling me of their equipment, ability, etc., I feel like writing back like this: "Dear Sir—I have received your acknowledgement of your incompetency and degradation as a physician, and I thank you for this timely warning." I always file these letters away so that by no mischance or slip of memory will I be so unmindful of my patient's welfare as to send him to an acknowledged incompetent.

Several Little Rock physicians have been using circular letters lately, one a member of this Society, has sent them out over the State claiming to be an expert cancer curer. This is such palpable quackery that I'm ashamed of mentioning it.

5. Working medical journals. Medical journals published in the interest of nostrums and sent free to doctors all over the country furnish a nice field for advertising, to both the contributors and editors. We have one in this State, sent free to most of us, and in its reading columns every month "Antikamnia" is advertised, and in the February number of this year its editorial pages are devoted to advertising such nostrums as "Cactina Pellets," "Antikamnia," and "Tongaline." This prototype of "The Medical Brief" is edited by three members of this Society, and members of this Society have contributed to its reading pages. And remember above all things, gentlemen, that it is the official organ of one of our largest county medical societies, one of the component units of this Society and of the American Medical Association. It is published in the most cosmopolitan city in the State. This journal is simply an example of the class to which it belongs, a journal for revenue only.

6. Turning specialist. If there is any man that has my sympathy, it is the honest non-advertising specialist, because he has more troubles in the way of "little black brothers" than any man I know. It seems that about 50 per cent of the doctors that are too stupid or too lazy to make a living by general practice without advertising, think that by being a specialist they can gain both money and renown. Of course they immediately get their cards in the papers and begin reading text book papers before medical societies. The most assinine generally take up diseases of women and children, or nervous and mental diseases, and advertise the great experience they have had in some other state or town, because they are generally afraid to try to fool the people that already know them. I am glad to say that most of this class come from other states, ready-made.

7. Advertising with your town. One of the most blatant ways of advertising is to have your town get out a book of its commercial resources and get yourself and office pictured and written up in it. It has not been long since some of our enterprising members here in Little Rock used this method. Such a book was gotten out in Siloam Springs a few years ago and a good part of it was taken up by a prominent doctor there, with himself and his sanitarium. I've met that doctor many times at the meetings of this Society, and whenever I look at him I seem to see him smirking at me out of the pages of this book.



Such advertising as this has also been done in Hot Springs, Fort Smith and several other towns of the State. They are simple admissions of lack of merit.

8. Private sanatoria. Including all other methods of advertising and having a few peculiar to itself is the private sanitarium method. Holt, in an article entitled, "Medical Ideals," published in the journal of the American Medical Association, quotes Billings as saying that it was his belief that no physician could own a private sanitarium and be strictly honest. He said that empty beds, servants hire and general running expenses often determined a diagnosis and made a hospital case of one that might have been treated just as well at home. I do not know whether this is always true or not, but I do know that they all advertise—all the way from selling stock to country doctors down to personal letters.

Just why these physicians should think that the acquiring of a few cheap iron beds, a nurse maid or two, and a dozen or so white enameled urinals should give them a right to advertise themselves, I do not know, but such is the case; and the better class of general practitioners are beginning to see that it takes more time and more money for their patients to recover in a hospital, where the attending physician has a proprietary interest, than in one owned and operated by non-professional persons. Where a sanitarium owned by physicians advertises, it simply means that the physicians are advertising themselves and are hiding behind the institution to do it.

A number of these institutions are trying to get more funds and more patients by selling stock to the out-of-town doctors; thereby making it to their financial interest to send patients to these sanatoria. This is simply an indirect method of dividing the fees and is no more honorable than the direct method, and is more cowardly because it is hidden.

9. Catering to ignorance. Under this head I have included unclean journalism, working medical societies, working ignorant patients and working the undergraduates. Unclean journalism I have already noticed.

Working the medical societies. What I am going to say under this head does not apply to those distinguished physicians who come here as our guests, and who we are ever glad and proud to have in our midst, but to quite another class which you all will recognize. You all know that every year we are worked by some enterprising physician from some neighboring state. They come here and read a text book paper; generally one they have read before every other society that would let them, and then they have not the common courtesy

to conform to our rules on the disposition of the papers after they have read them. Some of our Memphis neighbors are expert at this method of advertising themselves. In fact they so fill up the program of the "Third District Medical Society" with these rehashed text book advertisements that a number of us no longer attend its meetings. These men take our ignorance for granted and thereby insult as well as use us.

Working the ignorant patient. I can best explain this method of getting practice by telling you what I heard on a street car here in Little Rock about four years ago. I had been on a West Ninth street car and when I was coming in, a Little Rock surgeon and the husband of one of his patients got on the car at St. Vincent's Infirmary. The man was from Lonoke. The surgeon has had every honor that this Society could give him. He is in Little Rock yet. The man said, "Doctor, I can't pay you now all I owe you for this operation on my wife." "That is all right," says the surgeon. Money is not all of it with me. I love to do good. I love to cure poor, suffering women, so when you get back to Lonoke you tell them who cured your wife and tell them how he treated you, and whenever you hear of a woman being sick like your wife was, you tell her people who they can send her to to be cured." Oh! shade of Mr. Vholes!

Working the undergraduate. Now I will tell you a little story; a true story about the undergraduate business, and I have finished.

Once upon a time in all the large cities of our country a certain class of surgeons, specialists and sanitarium doctors, found that they had used up all the available gullible material in their immediate vicinities, and that they had to have more. So they used circular letters, medical societies, and journals without paid subscriptions to advertise themselves. Times got better for a while. But their number so increased that these methods did not satisfy them all very long. They soon began to need more material. Easily worked and widely distributed material. They are therefore after the undergraduate. They want to meet him, to know where he lives. To slap him on the back and to impress him with their greatness, and the superior advantages of their springs and their hospitals; and above all they want his patients. They need him in their business, and until he is milked dry they will love him like a brother. They know that their own merits will not keep them up, so they want to use the demerits of the undergraduates as a substitute for skill and integrity.

Just think what advertising institutions our medical societies will be when we get every ignorant doctor from every remote crannie and corner of the country into them. And it is these

advertising facilities that are at the bottom of the undergraduate movement all over the country.

I have not mentioned all the methods of advertising, as they are so numerous that it would make an exceedingly long paper.

In closing I'll say this: You who have advertised, who are advertising, and who may advertise in the future, please remember that we all know what you are doing, no matter what method you use, and that whether we know it or not, it is always an avowal to yourself, by yourself, that you are incompetent.

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#### \*PUBLIC HEALTH, EDUCATION AND LEGISLATION.

J. P. Sheppard, M. D., Little Rock.

Prevention of diseases is the highest duty of the physician. Sanitary science has accomplished more for mankind than any other department of medicine and surgery. More is being done at the present time in the line of preventive medicine than ever before in the history of civilization. It is only in the last few decades—since the establishment of bacteriology as a science, that sanitation could aspire to the dignity of a science. The subject of preventive medicine now occupies the attention of the master minds of the world. It is advancing with greater strides than any other department of practical medicine. Old theories are constantly overthrown and replaced by new ones founded on observations and experiments, which can be demonstrated to be facts without the possibility of a doubt. This progress has already furnished the profession with enough knowledge as to the causes of diseases and the means of preventing them that if society availed itself of this knowledge and lived in accordance with its facts there would be a great reduction in the number of epidemics of infectious diseases. In fact we feel convinced that if this knowledge was properly applied and the human race lived up to it that the average period of life could be doubled.

The principal possibilities for the future lie in the practical application of the knowledge that we already possess. True, there may remain many valuable facts yet to be discovered and a great deal of effort is put forth in the investigation of these problems of sanitary science—more than ever before in the history of civilization—but in the last few years discovery and absolute knowledge have so outstripped practical application that what we need now, and especially here in Arkansas, are measures that will provide

for the general diffusion of the knowledge and its practice in the daily lives of the people. To reap the full benefits of these truths for society often requires temporary inconvenience on the part of the few, and a great many will not submit to it voluntarily, therefore special legislation is required to enforce the laws so enacted. Therefore instead of having my address as chairman of the section to consist of a review of the discoveries and advances of the past year, I believe it will be more profitable if we consider briefly those subjects that are in need of legislation.

Hardly any science has taught the profession the great value of little things, the importance to the attention of the most minor details, as has that of bacteriology. We have the best illustration in the details necessary to secure a perfect aseptic technique in surgery and how the slightest inattention to some of the details is attended with disastrous results. All the recent advances in sanitation and hygiene show that we must observe the same attention to details even to what to some might appear as insignificant matters. Therefore some of the laws necessary for ideal results might seem to the ignorant as unnecessary and trifling. It must be borne in mind that the application of sanitary laws is manifold and far reaching, and that even if we secure only a little advance in each separate line, it will amount to a great deal in the aggregate.

The legislation desirable is, in the first place, the establishment of a State Board of Health, not in name only, but with ample powers and sufficient funds to enable them to execute any measure necessary for the protection of the public health. This board should be supplemented by efficient county boards, and in the large cities by city boards of health. It should also be made incumbent on every physician to report to the proper authorities every communicable disease that occurs in his practice and to institute such measures as will prevent its spread.

All physicians should be compelled by legislative enactment to report to the proper authorities every birth and death that occurs in their practice, and it should be the duty of the proper authorities to compile such reports which would be of service to the community.

The subject of vital statistics is of importance in more ways than is commonly considered. One of the papers of the program of this section will take up that section in detail.

Time will not allow that I give an elaborate and full outline of all legislation desirable, nor will I attempt to indicate in each case who should enact the law, but I will try to give a general outline of what is most needed.

Probably the subject which is most important

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\*Chairman's Address read in the Section on State Medicine and Public Hygiene, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.



is that of tuberculosis. First, because it is a disease so wide-spread; and secondly, because it offers the greatest opportunity for results in the way of prophylaxis. The establishment of a state sanitarium for incipient cases of pulmonary tuberculosis should receive your consideration, and a paper on the subject will be presented to you.

Tuberculosis is a communicable disease and should be treated as such. Every case should be reported. Every house where a consumptive has died or moved away from should be thoroughly disinfected, also there should be rigid requirements that the patient and his nurses should take special care to destroy all the sputum. In order to accomplish these ends, it would be advisable, as already stated, to have the disease made a notifiable one.

The subject of next importance in my mind, and which offers opportunity for the prevention of much sickness, is the regular and systematic examination of school children as to the condition of their health by competent physicians. It is being done in a great many places, more uniformly in the larger cities, but also in small towns and villages. The advantages and benefits are readily demonstrated, and many such reports are now available so that very strong arguments can be given, and they should be brought before the attention of the next legislature.

Efforts should be made before the next legislature to secure an appropriation for a laboratory in connection with the State Board of Health. The benefits which are possible from the laboratory may be studied from the workings of such institutions in other states, notably Iowa, Minnesota, New York, Florida, Wisconsin, etc.

Ever since the occurrence of the epidemic of la grippe in 1889, and during every succeeding epidemic, pneumonia has had an unusual prevalence and fatality. The excellent records of vital statistics of the cities of Chicago and New York, which as Secretary of the State Board of Health are mailed to me regularly, show that during the six colder months of the year, pneumonia has been the cause of nearly twice as many deaths as consumption. While the great white plague caused a mortality of 11 per cent of the total, pneumonia, now termed the "Captain of the men of death," has been the cause of over 22 per cent of the deaths of the last five months. Pneumonia has for the last five years been known to be an infectious and contagious disease, and is also more or less contagious in much the same way as tuberculosis, viz., through the dried sputum, therefore we should have rigid requirements about the destruction of sputa and the subsequent disinfection of premises, and make the disease a notifiable one.

Since it has been proven that malaria is caused by the bite of certain mosquitoes, infected with the germs from a patient who had malaria, doubtless many cases could be prevented; first, by preventing mosquitoes gaining access to a person who has the disease; second, by preventing as far as possible the breeding of mosquitoes. Every person, therefore, who has malaria should be required to be thoroughly protected from the visitations of these otherwise disagreeable pests, by screens, etc.

The breeding of mosquitoes can be prevented by the draining of stagnating pools of water and low places, and by the use of crude petroleum.

In the light of recent experiments and observations as to the relation of human and bovine tuberculosis, it seems certain that there is very great danger in drinking tubercular milk or consuming tubercular butter. It is possible by means of the tubercle tests to tell quite positively whether a cow is infected with tuberculosis or not. It would seem, therefore, that there ought not to be any excuse whatever for our people running the risk of acquiring tuberculosis in that manner. All dairy cattle at least should be tested regularly with the tuberculin injection, and no animal be allowed to furnish milk for any person until proven to be free of the bacilli of tuberculosis and to be examined regularly thereafter to determine that she is constantly free from infection. Milk obtained from tubercular cows or handled by individuals suffering from tuberculosis should be required to be heated to a temperature of 60 Centigrade for twenty minutes before it is sold for use.

Schaudinn's discovery of the spirochetæ, as well as the discovery that the fluids of the infected person react specifically, has not alone given us a means by which syphilis may be definitely determined at an early stage, but has also taught us the infectiveness and contagiousness of this disease. Since the disease is more far reaching in its consequence than any other infectious disease, and is capable of transmission to the progeny, regulations should be enacted making this disease a notifiable one and restricting the individual during the infectious period.

Laws against miscellaneous spitting have been quite widely advocated and secured, but not nearly enough so. Every county seat at least should have such an ordinance and we should have a state law preventing spitting on railroad trains, street cars and places where public gatherings are held, such as theaters, schools, churches, hotels, etc. Besides the immediate benefit in preventing the spread of pathogenic germs such laws are helpful in an educational way.

This latter statement suggests a very important

subject, and that is the general education of the public in sanitary matters.

We do not hesitate to say to you, gentlemen, that we believe that sanitary education is one of the first duties of the state. It would require the appropriation and expenditure of but a small sum of money bi-annually to create an inspired enthusiasm among the masses and to place our State in the best attainable sanitary condition, one in which the citizens would vie with each other in maintaining and improving. Then indeed will the loss sustained from the numerous dens of robbers and murderers which infest our State and known by the name of dangerous and communicable disease germs, be far less than from human kind. Thousands of dollars are paid out of our public funds every year to persons employed to hunt the latter down, and after they are apprehended, more are expended in trials, convictions and maintenance. In many instances the loss sustained by one or more of these by an individual would not equal one-fourth of the loss sustained from a mild epidemic of typhoid fever.

Yet our legislature, while making ample appropriations for protecting its citizens against the lesser marauders, such as thieves, etc., failed to provide one dollar for the protection of the citizens of our State against the ravages of infectious and preventable diseases. While it has created a State Board of Health, defined its duties, etc., it failed to make provisions for the enforcements of its rules or for meeting the expenses incidental to its labors. Gentlemen, if the actual loss to the citizens of Arkansas from tuberculosis, which is preventable, was alone converted into dollars and cents it would exceed by many thousands of dollars the loss from human murderers and thieves.

If these facts were properly and forcibly presented to our citizens by the physicians of our State, who understand the situation, and who have the interest of the public at heart, we firmly believe the people before long in their might would rise, demand and receive from the legislature at least as much protection from communicable diseases as is now given them from human murderers and thieves. The sanitary policing of our State would be organized in a systematic and effective manner by placing men in the respective positions who have a reasonable working knowledge of the laws of public health, and who are kind, diplomatic and firm, and enough money would be appropriated to enable them to carry out such laws.

Sanitary science should also be taught in the public schools of our State. All persons who desire to teach in them will have to possess as much knowledge of sanitation as is now required of them in elementary branches. The school,

tenement houses, public and manufacturing buildings will have to be located and constructed with special reference to the preservation of the health and the protection of the occupants. Persons with communicable and tubercular diseases will be requested to conform to improved sanitary conditions.

Our children will then be able to attend school, and our citizens engage in any vocation, without endangering their health or lives from the great white plague or other communicable diseases.

Mr. Chairman, the need is not for knowledge or methods. Education, courage, action, duty, would be my war cry, not only on the physicians, but every citizen of Arkansas should join to prevent the spread of this dread disease. The victims of the great white plague number approximately 3,600 per annum in the State of Arkansas. How much of this is due to ignorance—to neglect—to error?

Where, Mr. Chairman, is the fault, the responsibility for all this disaster? A railroad accident, causing the death of one or more persons, would be investigated by the coroner of any county in the State of Arkansas. A building burning and killing a few persons would be considered a public calamity calling for investigation. The charge that the State had been defrauded out of a few thousand dollars in the construction of its new capitol building called for a special investigation on the part of the legislature. Yet that same body, in the face of the facts that 3,600 people die annually from tuberculosis, refuses to make any appropriation for the State Board of Health to protect the people against this or any other preventable disease. The fact that 3,600 citizens of this State die annually from tuberculosis, a preventable disease, called for no investigation, special or general, on the part of the legislature. The Acting Governor of this great commonwealth a few days since issued a proclamation, claiming that in his opinion an extraordinary occasion existed, convening the legislature in special session for the purpose of completing the State Capitol building, which the people in the munificence of their benevolence were constructing as a domicile for their lawmakers. In my humble opinion an extraordinary occasion has existed, does exist and will exist until the lawmakers of this State will make appropriation and provide the State Board of Health with means wherewith to protect the citizens of the State against epidemics and other preventable diseases. I charge that seventy-five out of every hundred deaths from tuberculosis in Arkansas are the result of an inexcusable error and the neglect of duty on the part of some one.

As teachers of men in matters sanitary, it



behooves us to warn and instruct our brother who has less opportunity against the dangers besetting his path. Let us not be remiss in our duty.

I take pleasure now in introducing to you the following members of the section program, who will each doubtless entertain and instruct you on the subjects of live interest to sanitarians, which I trust every one of you are, to a greater or lesser degree. And that from this time on you will serve society and your clientele by greater devotion to the public needs, and that each of you personally, and your local medical organizations, will be more active and zealous in helping the society's committee on legislation.

#### \*SOME PROBLEMS OF CHILDHOOD.

H. P. Houth, M. D., Hackett.

In looking about for a suitable subject to write on I was handicapped for a time, but at last I chose this subject, because I could say anything I wished without digressing.

I have assumed the position that anything beneficial to the child was not out of order and worthy of the consideration of those present.

In our daily intercourse with the public and by virtue of our close relationship to the family as well as the individual, we, as physicians, are in a position to do a great and lasting benefit to humanity.

The members of the human family are faculative beings, subject to the influences which surround them. The child, on account of its immaturity, is even more so than the adult. He is subject to all the ills the human family has fallen heir to, and the adversities which he must overcome are legion. It is to some of these I wish to call your attention.

The relations existing between the family physician and the child are closer than we realize at first thought, and the services to be rendered are various and complicated.

Our first duty is in many instances to the unborn child, and it is here that we can render most valuable service by removing many obstacles which would make his chances for life and a healthy existence extra-hazardous.

Physicians, as a rule, refrain from discussions pertaining to the unborn child, and leave that part of the subject to the midwives, the grannies and meddling neighbors, who are always loaded with graveyard stories of labor, puerperal septicemia, post-partum hemorrhage and all the other horrors of child-birth. Such relations do not have a very soothing influence on the young expectant mother. Maternity is a constant dread

and child-birth a horrible nightmare. The indirect results are restless days and sleepless nights, loss of appetite, interference with secretion and excretion, and when the critical time arrives, the mother is in the worst possible condition to pass through the ordeal.

The muscles are insufficient to perform their function, labor is prolonged, and infant mortality greatly increased.

The second enemy which the child must meet is the unnecessary and unwarranted substitution of artificial for breast feeding.

No one who is familiar with the subject will dispute the growing tendency to resort to the nursing bottle, and to say it is productive of great harm expresses it very mildly.

The fad is no longer confined to high society and city life, but has invaded the country until it has become a very large problem, which we are called upon to solve.

Ignorance on the part of the mother, of the dangers of bottle feeding is the most potent factor. It is here that some timely advice on the part of the physician is productive of most gratifying results.

The situation is grave enough when force of circumstances necessitates a resort to artificial feeding, and its abuse is to be discouraged.

We are all familiar with the fact, from experience, that infant mortality is much higher in infants who are fed artificially. The average mother is not quite as well posted along this line as some doctors, and if we would but take the necessary time and pains to convince her, there would be fewer funerals of the infantile variety and some better mothers. Maternal instinct is a beautiful thing for the poet and sentimentalist, but unless it is coupled with common sense it will not do to depend on.

It is not my intention, neither is it within the domain of this paper to discuss the subject of infant feeding, but I do consider it of such importance that I wish to emphasize this point.

Contagious diseases are responsible for a large portion of fatalities in children. Early school life is the period of greatest exposure and the ravages of these dreaded diseases worst.

The cities have realized this and have fortified their schools with sufficient health officers to reduce these maladies to a minimum.

The close relation of medicine and education can be better understood by studying the methods and noting the results of the work of these organized bodies.

Their duty does not stop with the control of epidemics; according to statistics taken from different cities 40 per cent of school children are either physically or mentally deficient. From 75 to 85 per cent of these are amenable to

\*Chairman's Address read in the Section on Diseases of Children, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.

medical or surgical treatment. The students are examined systematically, those needing medical attention are cared for. The results have come far above the expectations.

Undoubtedly a great many children are dull and stupid, are unable to accomplish anything in school and finally become discouraged and quit, all because of some pathological condition which the parent and teacher knew nothing about and a doctor was not consulted.

The results are, these unfortunates are never more than common laborers, or else through slothful habits and lack of mental and physical developments, become a perpetual source of charity to the community in which they live.

Not only do they become moral perverts, but their sphere of usefulness is limited, the kind of labor they are required to do does not require skill and their earning capacity is 50 per cent or more below what it should be.

Who can tell how many youthful criminals become such because they are unable to succeed in school and felt that they were unequal to their task? They began as truants and street loafers, and through their associations and influences in which they fell, found their way to the courts. An analysis of the juvenile courts and places of restraint for the criminal young, will bear out these theories.

Doctors in general, and especially those of us who practice in the smaller towns, should better acquaint ourselves with questions pertaining to public health and hygiene. While specialists are a necessity, and we could not well do without them, it is the time honored family doctor who is first consulted, so let us be like the wise virgins, have our lamps filled and the wicks trimmed.

The nostrum evil is another of which every child must take his share, I do not refer to the adult consumption of nostrums, but to the infant who is drenched with concoctions of unknown nature and composition from the time it is born until it reaches the age of accountability.

The drug stores are loaded with baby elixirs, baby bowel remedies, teething syrups, cough remedies, febrifuges, vermifuges and digestants of every conceivable nature to attract attention.

Many of these are recommended for all the ills of children from the earache to cholera infantum.

Advertisements of these questionable mixtures appear in the most conspicuous places in all the newspapers, magazines, religious papers and some fourth-class medical journals.

Is it any wonder so many of the quack remedies are used? The manufacturers keep them constantly before the eye of the public and unless doctors get together and get busy they

will continue in use for some time to come.

Whenever we can convince the laity that 90 per cent of patent medicine concerns are owned and controlled by men who have no knowledge of medicine or chemistry, and are only recipes which they have bought and hired them compounded by an embryo chemist, then and not until then will we get any results.

Twice in three years have I seen acute acetanilid poisoning in infants from giving some guaranteed harmless fever powders. They were about four grains acetanilid powders—"Directions: One powder every three hours for an adult. Children according to age." One-half powder had been given to an eighteen-months old baby and repeated in three hours. Evidently it was not all absorbed or the results would have been worse.

On one occasion I was called to see a child who had been given a large dose of a cough mixture supposed to contain opium in some form. The medicine cost 25 cents. I was paid \$3 to go and see if the child had too much.

I do not relate these cases to create a sensation, but because they are facts and these instances can be multiplied many times.

I have no apologies to offer for writing on this subject. While it is not medical in its nature, I believe it is of more importance to the child than calomel tablets and glycerine suppositories. As physicians, we are all too prone to devote all our time to strictly medical subjects, and neglect to contribute our share to these social and economic problems. To preserve the integrity of society and the strength of our nation, we must ever look to the best interests of the succeeding generation. Let us lend our united effort and results will surely follow.

#### \*SEXUAL HYGIENE.

C. P. Meriwether, M. D., Little Rock.

There has been a great deal said in the lay journals and magazines during the past few years in regard to the decrease in our birth rate, race suicide, etc. The woman has been made to carry all the burden of blame by many writers upon the subject.

She has been accused of selfishness, in that the bearing of children would interfere with social and club duties, etc. No doubt there are women of that character whose sole interest in life revolves about self, but their offspring is better off unborn.

I believe in the average woman the love of

\*Chairman's address read in the Section on Obstetrics and Gynecology, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.



children and desire for motherhood is the normal condition, but after years of married life and no children come into the home, she turns to society, club and other works or lavishes her affections on cats, dogs, etc.

Now, as physicians, it is our duty to look for the cause, or in some way teach the coming generations how to avoid this great disaster; just as we are now trying to stamp out the Great White Pleague, as we have almost succeeded in exterminating yellow fever, so shall we teach our boys and girls the serious side of the childless woman and why it is!

The question is—where shall we begin? I would answer—in the home. Confidence established in the homes between the mother and daughter, the father and son. Teaching our girls the law of purity in sex, shall not be limited to the girl alone, but teach her to demand and receive the same in the man who becomes her husband. First of all we must begin with the parents and they must begin with the children at an early age and follow it up as the child advances in years with the advice straight and truthful. They must teach their boy if he sows his crop of wild oats, the possible and probable results from a moral, mental and physical standpoint. The boy is not to blame. For this "wild oats crop" has long been expected of him. But teach him its effects on his own health and his future happiness and potency.

A large per cent of the men who reach the age of 25 years in our cities, after his round of "wild oats," has had gonorrhoea. Now, you, as the physician, can see the picture. First of all—sterility, in a great many cases, due to the extension into the epididymis. But this is the least of the evils resulting; the poor wife is made sterile, physical wrecks and is often unsexed as a result.

The number of children in blind schools could also be traced directly to some cause.

The evil effect of gonorrhoea is today one of the greatest curses to the human race, in that it is decreasing the birth rate more than all other causes combined. It causes more pain and suffering to womankind than all other diseases peculiar to her sex.

What is the remedy?

First, as I said before, confidence established between father and son. And should the boy wander from the path of virtue and contract some venereal disease, that he immediately seek his father and tell him of his condition and then he be treated by some reputable physician, and not be allowed to drop into the hands of some drug clerk or use some of the many patent nostrums that are advertised on the walls of

water closets and in other public places frequented by men.

Sexual hygiene should be taught in all schools, both public and private. Fathers should know the prospective husbands of their daughters, and know that they have a clean record of health.

### \*THE ARKANSAS SURGEON.

A. G. Dickson, M. D., Paragould.

I wish to say a few words only, and have chosen for that subject, "The Arkansas Surgeon." The surgeons in Arkansas, like the other inhabitants of this great State, have to bear the odium of the "Arkansas Traveler," "Dr. Rattlehead," "The Slow Train," and such other nonsense that has been humorously written, but which nevertheless has had its malignant effect upon Arkansas people. During the last few years much of this has been overcome. A few years ago the surgeons of Arkansas were regarded out of the state as a lot of heartless, uneducated butchers. Today we find them much more respected. Our surgeons are availing themselves of hospital courses and post graduate work with the masters of the world, and are fast becoming known abroad as more than a lot of ignorant quacks. The name of Cargile has been read all over the land.

The Cargile membrane, perhaps has not fulfilled the expectation of the surgeons, yet it has attracted attention and reflected credit upon one of Arkansas' own sons. Only last summer while I was visiting The Mayos, I heard Dr. Charlie Mayo compliment, and saw him use, "The Runyan Stitch" for appendicitis, and give our own Runyan due credit for it. In the years past the surgical section at our state society usually contained but little of interest except that which was contributed by some foreigner. At this meeting whatever we have, be it good or bad, it is the product of Arkansas men. Our own surgeons will not be overshadowed, nor the time of the section consumed by men of other states who come only to advertise themselves. The Arkansas surgeon is capable of doing as good surgery as the surgeons of other states. They are doing it, and it is with pride and pleasure that I am able to say that many people of other states are coming to Arkansas surgeons for the surgical relief of their ailments.

Let us work and hope that the day is not far distant when the reputation of many of Arkansas' surgeons will spread throughout this entire country, and the memory of Rattlehead covered with the deeds of men that will have no superior.

\*Chairman's Address read in the Section on Surgery, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.



JOSEPH T. CLEGG, M. D.  
President Arkansas Medical Society, Siloam Springs.



# THE JOURNAL

OF THE

## Arkansas Medical Society

Owned and controlled by the Arkansas Medical Society and published under the direction of the Council on the fifteenth of each month.

Edited by

**MORGAN SMITH, M. D.**

Secretary Arkansas Medical Society

108 Louisiana Street, Little Rock, to whom all business communications should be addressed.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### REMITTANCES.

Remittances should be made by check, draft, registered letter, money or express. Currency should not be sent, unless registered. Stamps in amounts under one dollar are acceptable.

### ADVERTISING RATES.

A schedule of rates will be furnished upon application.

### ADVERTISEMENTS.

Advertisements should be received by the 8th of the month to insure their insertion in the current issue.

### CHANGE OF ADDRESS.

Change of address will be made if the old as well as the new address be given.

### CONTRIBUTIONS TYPEWRITTEN.

In order to lessen liability of errors, contributions should be typewritten.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

## Editorials

### THE NEW PRESIDENT OF THE ARKANSAS MEDICAL SOCIETY.

The Arkansas Medical Society has done itself a distinct honor in choosing Dr. Joseph T. Clegg, of Siloam Springs, as its next president. A charter member, an earnest advocate of, and a firm believer in, the great power of organized medicine; a man of strong character and possessing many personal charms, it was only natural that the society which he helped to launch thirty-three years ago and for which he has done so much, should attest its appreciation of his long distinguished service by electing him president.

Dr. Clegg was born in Jefferson county in 1850, of colonial ancestry. Both grandparents bore arms in the Revolutionary war. His three brothers sacrificed their lives in the cause of the Confederacy. Graduating from the University of Nashville, in 1873, he began the practice of medicine at Red Bluff, Jefferson county. In 1878 he moved to Siloam Springs, his present home, at which place he has been actively engaged in general practice for thirty years. Dr. Clegg is married and has a son in the Biological Laboratory in Manila, P. I.

A happy coincidence connected with Dr. Clegg's election is that he was born in Jefferson county; began the practice of medicine in his native county, and will preside over the next session of the Arkansas Medical Society, which will be held at Pine Bluff under the auspices of the Jefferson County Medical Society, of which he was a charter member and its first president.

Dr. Clegg is a successful general practitioner, and attributes whatever success he has attained to the influence of society affiliation. He is a man of high professional and civic ideals, and an honored citizen of his city. If he does not make an ideal president, there is nothing in prophecy. We wish him success, and assure him the one thousand members of the Arkansas Medical Society will solidly support him in his presidency.

## THE LITTLE ROCK MEETING OF THE ARKANSAS MEDICAL SOCIETY.

We feel safe in saying that the Thirty-second Annual Session of the Arkansas Medical Society held in Little Rock, May 12-15, was successful from every standpoint, and thoroughly enjoyed by those who were fortunate enough to attend. Twice in succession the Society has met at Little Rock, and the Pulaski County Medical Society, under whose auspices the meeting was held, the citizens of Little Rock, the Little Rock Board of Trade and the Hotel Marion, were uniform in their endeavors to contribute to the success of the meeting and provide for the entertainment of the members and visitors.

The attendance was not quite as large as last year, but taking into consideration the heavy rains which prevailed over the state the week preceding the date of the meeting, it was fairly good. Number of delegates, 51; members, 251; ladies and other visitors, 50; total, 352.

The meetings were held in the Auditorium Skating Rink, one of the largest assembly halls in the state, and convenient to all the leading hotels. The arrangements were all that could be desired; plenty of room for the exhibitors; plenty of air and light; soft drinks convenient for the thirsty. Only one section meeting was held at the time, which proved entirely satisfactory; the program last year of two sections meeting at the same time being highly objectionable. The full and unbridged proceedings of the meetings are printed in this number.

The House of Delegates met at 9:30 on Tuesday morning, organized, but on account of the small number of Delegates present, adjourned until the afternoon. By the afternoon meeting, a large number had arrived, and the House began the transaction of business. Briefly stated, the business transacted was as follows:

1. The Jelks amendment proposing to amend the By-Laws so as to allow full and unrestricted admission of undergraduates, was defeated by an overwhelming majority.

2. The Young amendment proposing to amend Chapter IX., Section V, of the By-Laws so as to admit undergraduates into component

societies as associate members with all privileges except to hold office and acquire membership in the State Society, was defeated.

3. The Young resolution proposing to expunge Chapter V, Section V, of the By-Laws, prohibiting eligibility of Delegates to the election of offices, was passed by a good majority.

4. The Secretary was instructed not to accept for publication in the JOURNAL the advertisement of any drug or article that had not been favorably passed upon by the Council on Pharmacy and Chemistry of the American Medical Association.

6. A Committee on Tuberculosis was appointed.

7. An organized movement is to be begun to induce the next Legislature to pass a law converting the old State House into a State Charity Hospital, and to create the office of State Pathologist and Bacteriologist.

As was expected the motion to adopt the Jelks amendment developed an avalanche of oratory, and though at times the discussion became animated, after the vote was taken it appeared that there had been but little ground for disagreement.

The program for the scientific work, was one of the best balanced of many years. The sectional meetings were largely attended, and the discussions earnest and forcible. Addresses were delivered before the first General Meeting by Dr. Joseph Price, of Philadelphia, and Dr. Browning, of California. There were about forty papers read in the sections. Dr. William Hunt Stucky, of Louisville, contributed a paper in the Section on Medicine. Dr. Ross Snyder, of Birmingham, and Dr. N. S. Davis, of Chicago, who were on the program in the sections of Pediatrics and Medicine, respectively, could not attend as anticipated.

Socially, nothing was left undone to provide a variety of entertainments for the visitors and members. On Wednesday evening two smokers were given; one at the Bates Cafe, by the faculty of the College of Physician and Surgeons, complimentary to Dr. Joseph Price, of Philadelphia; the other at the Hotel Marion, by the Faculty of the University of Arkansas, Medical



Department, complimentary to the Alumni Association of the same college. Both functions were largely attended and highly enjoyable.

The Ladies Entertainment Committee, of the Pulaski County Medical Society, deserve special thanks for the number and splendid character of entertainments arranged for the visiting ladies. They included a Card Party at the Hotel Marion, an Automobile ride over the city, a Pink Tea at the Country Club and a Theatre Party at the Majestic. The initiative was taken by Mrs. Sheppard, Chairman, who was enthusiastically assisted by all the doctor's wives.

At the Hotel Marion on Wednesday evening, the Little Rock Board of Trade gave a ball in honor of the Arkansas Medical Society and the Arkansas Association of Pharmacists. Dancing was engaged in until late in the morning.

The annual banquet given by the citizens of Little Rock, was held at the Hotel Marion on Friday evening and was an enjoyable affair. Cover was laid for 300 guests. Hon. J. J. Mandiebaum, Vice-president of the Board of Trade, was Toastmaster. The toasts responded to were as follows:

Toastmaster—Hon. J. J. Mandiebaum, Vice-President of the Little Rock Board of Trade.

"Our Guests"—Geo. W. Rogers, of the Board of Trade.

"Good Roads"—Governor-Elect Geo. W. Donaghey.

"The Doctor as a Citizen"—Judge Wm. Kavanaugh.

"Pills and Politics"—Judge Martineau.

"Pioneers in Surgery"—Dr. Joseph P. Runyan.

"Recreation"—Dr. William Hunt Stucky, Louisville, Ky.

"The American Medical Association"—Adam Cuthrie.

"Post-Mortem Remarks"—Ex-President C. C. Stephenson.

"The Incoming President"—President Joseph T. Clegg.

With a deep sense of appreciation of the magnificent manner in which they had been entertained, and the uniform hospitality which had been shown them by their hosts, the guests dispersed, and the Thirty-second Annual Session of the Arkansas Medical Society became past history.

THE NEXT SESSION OF THE ARKANSAS MEDICAL SOCIETY WILL BE HELD AT PINE BLUFF, MAY, 1909.

THIS NUMBER CONTAINS THE FULL AND UNABRIDGED PROCEEDINGS OF THE HOUSE OF DELEGATES AND THE GENERAL MEETINGS OF THE THIRTY-SECOND ANNUAL SESSION OF THE ARKANSAS MEDICAL SOCIETY, HELD AT LITTLE ROCK, MAY 12-15, 1908.

# Official Minutes of the Arkansas Medical Society

Thirty-Second Annual Session

HELD AT LITTLE ROCK, MAY 12-15, 1908

## HOUSE OF DELEGATES

FIRST DAY—TUESDAY MORNING, MAY 12.

The House of Delegates was called to order at 9 a. m., by the President, Dr. C. C. Stephenson.

Invocation by Rabbi Louis Witt, of Little Rock.

### REFERENCE COMMITTEE.

A Reference Committee composed of Dr. G. A. Warren, Black Rock; Dr. H. H. Niehuss, Wesson, and Dr. L. R. Ellis, Hot Springs, was appointed by the President.

Dr. Vinsonhaler, Chairman, made a report for the Committee on Arrangements.

After a short address by the President, on motion the House of Delegates was adjourned until 2 p. m.

### AFTERNOON SESSION.

### REPORT OF COMMITTEE ON SCIENTIFIC WORK.

In the absence of the Chairman, Dr. S. S. Stewart, Dr. Morgan Smith reported that the program consists of 60 papers beside the addresses of the Chairmen of the different sections. These papers were secured by the section officers and furnished the committee. The programs were printed and mailed in time to reach every member of the society before the meeting. By carrying a few advertisements in the program, there was no cost to the society for printing. One thousand 1-cent stamps were necessary to mail the programs; this expense was borne by the Society.

On motion the report was adopted.

### REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

To the President and Members of the Arkansas Medical Society:

As the Legislature did not meet the past year this Committee has practically nothing to report, as we did nothing this year. So far as a report is concerned looking to the feature of recommendations, the Legislative Committee of the American Medical Association is drawing up a Medical Practice Act which it hopes to have passed by all the state legislatures. The committee is supposed to report at the next meeting of the American Medical Association, and I think that

we can do no better than to await that committee's report. The Medical Practice Act which will be recommended will include a reciprocity clause, and if we can get uniformity in all the states it will be an ideal thing. At present, we recommend "hands off."

Respectfully submitted,

O. H. WILLIAMSON, Chairman.

VERNON MacCAMMON,

L. H. HALL.

On motion the report was adopted.

### TREASURER'S REPORT.

To the President and Members of the House of Delegates:

I beg to submit the following report of the receipts and disbursements for the year just closed:

| 1907                                  | Receipts.  |
|---------------------------------------|------------|
| May 13. Balance on hand .....         | \$ 102.70  |
| May 18. Received from Secretary ..... | 1,247.99   |
| June 25. ....                         | 500.00     |
| Aug. 17. ....                         | 150.00     |
| Nov. 7. ....                          | 150.00     |
| 1908.                                 |            |
| April 13. ....                        | 100.00     |
| April 27. ....                        | 100.00     |
| Total .....                           | \$2,350.67 |

### Disbursements.

#### Paid on Secretary's Warrants.

| 1907          |           |
|---------------|-----------|
| May 23. ....  | \$ 600.00 |
| May 28. ....  | 25.00     |
| May 30. ....  | 4.75      |
| May 31. ....  | 500.00    |
| June 1. ....  | 44.57     |
| June 15. .... | 2.00      |
| July 1. ....  | 250.00    |
| July 5. ....  | 11.95     |
| July 9. ....  | 5.00      |
| July 11. .... | 104.05    |
| July 13. .... | 25.00     |
| Aug 7. ....   | 100.00    |
| Aug. 8. ....  | 250.00    |
| Aug. 13. .... | .60       |
| Aug. 22. .... | 59.30     |



|               |            |
|---------------|------------|
| Sept. 9. .... | 5.00       |
| Oct. 26. .... | 5.00       |
| Nov. 16. .... | 150.00     |
| Total .....   | \$2,350.69 |

1908.

|                               |            |
|-------------------------------|------------|
| April 6. ....                 | 5.00       |
| April 14. ....                | 12.00      |
| April 20. ....                | 7.50       |
| April 23. ....                | 5.00       |
| April 29. ....                | 87.50      |
| May 11. Balance on hand ..... | 91.47      |
|                               | \$2,350.69 |

|  |            |
|--|------------|
| May 12, 1908. Received from Secretary .. | \$1,653.69 |
| Balance on hand .....                    | 91.47      |

Total balance .....\$1,744.69

J. W. SCALES, Treasurer.

On motion the report was referred to the Council.

#### SECRETARY'S REPORT.

To the Members of the House of Delegates:

On May 20th, 1907, I assumed charge of the office of Secretary, the retiring Secretary, Dr. Stephenson, turning over to me the books, papers, fixtures, accounts, moneys, etc., of the society. In view of my inexperience, I have discharged the duties which this office implies to the best of my ability, and submit my report as follows:

|   |            |
|---|------------|
| Received from all sources and remitted to Treasurer as per itemized statement rendered Auditing Committee ..... | \$2,653.23 |
| Warrants issued on the Treasurer .....  | \$2,269.22 |
| Warrants issued by Secretary Stephenson .....   | 292.54     |
| Balance in the hands of the Treasurer .....   | 91.47      |
|   | 2,653.23   |

|   |          |
|---|----------|
| Balance in hands of Treasurer brought forward ..... | 91.47    |
| Placed to the credit of Treasurer this day .....    | 1,653.22 |

|  |            |
|--|------------|
| Total balance in hands of Treasurer this day ..... | \$1,744.69 |
|--|------------|

Amount due for advertising due and unpaid, (estimated), \$600.

#### Bills Payable.

|  |          |
|--|----------|
| Note executed by Secretary and President ..... | \$250.00 |
| Interest for six months at six per cent .....  | 7.50     |
| Due Kellogg Newspaper Co....                   | 1,404.29 |
| Due for Stenographic help (Overton) .....      | 40.20    |

|   |       |
|---|-------|
| Due Secretary for furniture and office fixtures ..... | 87.50 |
| For telegrams and long distance 'phone .....          | 2.00  |

#### THE JOURNAL.

The cost of printing the JOURNAL has averaged about \$130.00 per month. When I assumed this office, there was a balance of \$609.92 due the publishers. It became necessary for the President and myself to make a note for \$250.00 in partial payment of this account. An incubus which we have had to bear is the contract we have had to make up 500 bound volumes of the JOURNAL. This has been a dead expense to the Society. I mailed and sent by express last year 400 of these copies to the various secretaries of county societies, apportioned according to their membership, and requested that they be distributed, collected for and remittances sent me. Excepting remittances from the secretaries of the Sevier and Yell county societies, only \$15.95 was collected. In the future, I shall make no contract for bound volumes.

#### MEMBERSHIP.

As there are a number of reports yet to come in, I will publish a complete roster of the component societies in the June JOURNAL.

#### DUES.

I would request some strong recommendations from the Society with reference to impressing upon the component societies the advantages of adopting a uniform day for election of officers, and the necessity of advancing the time for the collection of annual dues.

It is apparent that there will be a falling off in membership this year, and I believe it can be traced to the fact that nearly all the elections are held just before the annual meeting of this Society, and but little effort made to collect dues before that meeting.

Respectfully submitted,

MORGAN SMITH, Secretary.

Dr. L. R. Ellis, of Hot Springs, moved that the report be received, referred to the Council—the Auditing Committee—with the suggestion that they make recommendations for an earlier settlement of county secretaries with the state secretary.

Dr. Thibault, of Scotts, said the only way to accomplish the point suggested by Dr. Ellis, would be to instruct the Council to draft an amendment to the By-Laws, setting a definite time for making settlements. If introduced at this meeting, it could be acted on at the next annual session. If a resolution was introduced, it would go over two years before action could be had.

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### REPORT OF COMMITTEE ON SCIENTIFIC WORK.

In the absence of the Chairman, Dr. S. S. Stewart, Dr. Morgan Smith reported that the program consists of 60 papers beside the addresses of the Chairmen of the different sections. These papers were secured by the section officers and furnished the committee. The programs were printed and mailed in time to reach every member of the society before the meeting. By carrying a few advertisements in the program, there was no cost to the society for printing. One thousand 1-cent stamps were necessary to mail the programs; this expense was borne by the Society.

On motion the report was adopted.

### REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

To the President and Members of the Arkansas Medical Society:

As the Legislature did not meet the past year this Committee has practically nothing to report, as we did nothing this year. So far as a report is concerned looking to the feature of recommendations, the Legislative Committee of the American Medical Association is drawing up a Medical Practice Act which it hopes to have passed by all the state legislatures. The committee is supposed to report at the next meeting of the American Medical Association, and I think that

we can do no better than to await that committee's report. The Medical Practice Act which will be recommended will include a reciprocity clause, and if we can get uniformity in all the states it will be an ideal thing. At present, we recommend "hands off."

Respectfully submitted,

O. H. WILLIAMSON, Chairman.

VERNON MacCAMMON,

L. H. HALL.

On motion the report was adopted.

### TREASURER'S REPORT.

To the President and Members of the House of Delegates:

I beg to submit the following report of the receipts and disbursements for the year just closed:

| 1907                                  | Receipts.  |
|---------------------------------------|------------|
| May 13. Balance on hand .....         | \$ 102.70  |
| May 18. Received from Secretary ..... | 1,247.99   |
| June 25. ....                         | 500.00     |
| Aug. 17. ....                         | 150.00     |
| Nov. 7. ....                          | 150.00     |
| 1908.                                 |            |
| April 13. ....                        | 100.00     |
| April 27. ....                        | 100.00     |
| Total .....                           | \$2,350.67 |

### Disbursements.

Paid on Secretary's Warrants.

| 1907          |           |
|---------------|-----------|
| May 23. ....  | \$ 600.00 |
| May 28. ....  | 25.00     |
| May 30. ....  | 4.75      |
| May 31. ....  | 500.00    |
| June 1. ....  | 44.57     |
| June 15. .... | 2.00      |
| July 1. ....  | 250.00    |
| July 5. ....  | 11.95     |
| July 9. ....  | 5.00      |
| July 11. .... | 104.05    |
| July 13. .... | 25.00     |
| Aug 7. ....   | 100.00    |
| Aug. 8. ....  | 250.00    |
| Aug. 13. .... | .60       |
| Aug. 22. .... | 59.30     |



|               |        |
|---------------|--------|
| Sept. 9. .... | 5.00   |
| Oct. 26. .... | 5.00   |
| Nov. 16. .... | 150.00 |

Total .....\$2,350.69  
1908.

|                               |       |
|-------------------------------|-------|
| April 6. ....                 | 5.00  |
| April 14. ....                | 12.00 |
| April 20. ....                | 7.50  |
| April 23. ....                | 5.00  |
| April 29. ....                | 87.50 |
| May 11. Balance on hand ..... | 91.47 |

\$2,350.69

May 12, 1908. Received from Secretary ..\$1,653.69  
Balance on hand ..... 91.47

Total balance .....\$1,744.69

J. W. SCALES, Treasurer.

On motion the report was referred to the Council.

#### SECRETARY'S REPORT.

To the Members of the House of Delegates:

On May 20th, 1907, I assumed charge of the office of Secretary, the retiring Secretary, Dr. Stephenson, turning over to me the books, papers, fixtures, accounts, moneys, etc., of the society. In view of my inexperience, I have discharged the duties which this office implies to the best of my ability, and submit my report as follows:

Received from all sources and remitted to Treasurer as per itemized statement rendered Auditing Committee ..... \$2,653.23

Warrants issued on the Treasurer .....\$2,269.22

Warrants issued by Secretary Stephenson ..... 292.54

Balance in the hands of the Treasurer ..... 91.47 2,653.23

Balance in hands of Treasurer brought forward ..... 91.47

Placed to the credit of Treasurer this day ..... 1,653.22

Total balance in hands of Treasurer this day .....\$1,744.69

Amount due for advertising due and unpaid, (estimated), \$600.

#### Bills Payable.

Note executed by Secretary and President .....\$250.00

Interest for six months at six per cent ..... 7.50 257.50

Due Kellogg Newspaper Co.... 1,404.29

Due for Stenographic help (Overton) ..... 40.20

Due Secretary for furniture and office fixtures ..... 87.50  
For telegrams and long distance 'phone ..... 2.00

#### THE JOURNAL.

The cost of printing the JOURNAL has averaged about \$130.00 per month. When I assumed this office, there was a balance of \$609.92 due the publishers. It became necessary for the President and myself to make a note for \$250.00 in partial payment of this account. An incubus which we have had to bear is the contract we have had to make up 500 bound volumes of the JOURNAL. This has been a dead expense to the Society. I mailed and sent by express last year 400 of these copies to the various secretaries of county societies, apportioned according to their membership, and requested that they be distributed, collected for and remittances sent me. Excepting remittances from the secretaries of the Sevier and Yell county societies, only \$15.95 was collected. In the future, I shall make no contract for bound volumes.

#### MEMBERSHIP.

As there are a number of reports yet to come in, I will publish a complete roster of the component societies in the June JOURNAL.

#### DUES.

I would request some strong recommendations from the Society with reference to impressing upon the component societies the advantages of adopting a uniform day for election of officers, and the necessity of advancing the time for the collection of annual dues.

It is apparent that there will be a falling off in membership this year, and I believe it can be traced to the fact that nearly all the elections are held just before the annual meeting of this Society, and but little effort made to collect dues before that meeting.

Respectfully submitted,

MORGAN SMITH, Secretary.

Dr. L. R. Ellis, of Hot Springs, moved that the report be received, referred to the Council—the Auditing Committee—with the suggestion that they make recommendations for an earlier settlement of county secretaries with the state secretary.

Dr. Thibault, of Scotts, said the only way to accomplish the point suggested by Dr. Ellis, would be to instruct the Council to draft an amendment to the By-Laws, setting a definite time for making settlements. If introduced at this meeting, it could be acted on at the next annual session. If a resolution was introduced, it would go over two years before action could be had.

Dr. Adam Guthrie, of Prescott, agreed with Dr. Thibault that the committee should introduce an amendment instead of making any suggestions in the way of resolutions. Dr. Ellis accepted the amendment as offered by Dr. Thibault, and after discussion by Drs. Guthrie, Snodgrass, Sweatland, Meriwether, Thibault and Ellis, the question was put and lost.

On motion Dr. Stout was seated as a Delegate from Monroe county.

#### PROPOSED AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.

The amendments to the By-Laws proposed by Dr. F. W. Jelks, of Hot Springs, and Dr. F. B. Young, of Springdale, were ordered read by the President, who announced the question of their adoption to be the next order of business. The Jelks amendment was then read by the Secretary, and is as follows:

##### JELKS AMENDMENT.

Resolved, That all undergraduates who are now recognized as legal practitioners of medicine in the State of Arkansas are eligible to membership in this Society. That after the meeting of this Society in 1908, every candidate for membership in a county society shall be required to present evidences of graduation from a reputable medical college requiring a four-years' graded course.

Dr. Ellis, of Hot Springs, moved its adoption.

Dr. Eberle, of Fort Smith, wished to know if the efficiency of the amendment had not already expired. He also desired to know the full meaning of the amendment. It appeared vague to him.

Dr. Ellis said the language was plain and ought not to admit of but one construction. It means that all undergraduates who are now legal practitioners in this state, after this meeting, will become eligible to membership in this society. An undergraduate, who is now practicing legally in this State, whose license is dated prior to this meeting, may at any time in the future make application for membership under the conditions of this amendment. But no undergraduate whose license is dated after this meeting, would be eligible. In other words, after this meeting, excepting the class which is favored by this amendment, in the future, only graduates of recognized, reputable medical colleges, and who possess the other required qualifications, will be eligible. He did not think the amendment admitted of but one reasonable construction.

Dr. Williamson, of Marianna, said the amendment was not very clear to him and he believed it was confusing. Until it was explained more satisfactorily, he could not intelligently vote upon it.

Dr. Jordon, of Pine Bluff, said the matter was

clear to him; the amendment had been published in the JOURNAL, and a vote should be taken upon it.

Dr. Thibault: I wish to make a few remarks before a vote is taken. It is my honest belief that the wording of that amendment, if it is adopted, kills itself. But if that is not the case, and it opens the doors of this Society to the undergraduates, I am instructed by my county society to say that the minute they step in we step out. This undergraduate movement is brought forward by a class of surgeons and specialists in the larger cities of the State for advertising and revenue purposes only, and I might add, for political purposes also. They want to get their hands on the ignorant undergraduate, not to educate him, not to learn anything from him, but to find out where he lives, who are his patients and how they can get his patients.

We know these undergraduates. Not one of them has ever entered our county society after we gave them all of the privileges we could. We raised funds with which to send one of our undergraduates to school; we offered to put another man in his place to take care of his practice and give him the proceeds of it while he was gone, not letting it cost him a cent, and he refused to accept our proposition. We offered to pay a man a salary to attend to his practice until he returned from school with his diploma, and we never got him to accept. Not only that, I have offered one to go in partners with me and to take his practice and give him half of what I made, (and my practice was twice as large as his) to let him go to school. I said, "You can go to school and finish your education, I will take your practice and mine for twelve months, and after that you come home and half the proceeds are yours." He did not accept the proposition. The Lonoke County Medical Society wants to say to this Society that if this amendment becomes effective, we will sacrifice our membership in the Arkansas Medical Society; this is our last year.

Dr. Williams, of Marianna:—I shall have to ask the Chair again to explain to me just what the Jelks amendment means. As I read it, it simply means that we cannot take in undergraduates today because our Constitution and By-Laws forbid it; and we cannot take them in after this meeting adjourns. That is the way I understand it. What I desire to know is, does it mean that after this meeting has adjourned we can take in undergraduates who have been practicing and who have licenses, and not take in those who come up after this meeting, and who haven't licenses, or, who get their licenses, for instance, next week and are not graduates? Are we not to take those in, but only those who have licenses now? I have



always understood until this question was opened up that that amendment was self-limiting.

The President: My understanding of this question is that after the meeting of 1908 no one shall be eligible to membership but graduates.

Dr. Williamson:—No matter if he has a license?

The President: Yes, prior to the meeting of 1908; or, as some one has said, five years after this date. Now, the reason I say that is this: We have no law now admitting the undergraduate, and I am sure that the intention of Dr. Jelks when he introduced this amendment, was that anybody who held a license prior to this meeting would be eligible any time after the meeting; but after this meeting, nobody would be eligible except graduates. It would be foolish to introduce a resolution here providing for the amendment of a by-law that would be retroactive.

Dr. Young, of Springdale: If this proposed amendment is so ambiguous that this present meeting can't make it out, cannot construe it within one year after it has been introduced, and within the time that it has been published, and half of this House of Delegates construe it one way and the other half in a different manner, what can we expect if we adopt it and it becomes a law and is in force as part of our Constitution in two, or five, or ten years from now? I know what Dr. Jelks meant. He meant to introduce a resolution amending the By-Laws in such a manner that any undergraduate registered at the time of this meeting, could, at any time in the future, become a member of this Society; but no undergraduate who was registered after this meeting could become a member of this Society. That was his intention, but unfortunately he worded his resolution in such a manner that it kills its own effect. It says one thing in the first part of the paragraph and in the second, contradicts it.

Dr. Proctor, Hot Springs: I don't see why there is so much misunderstanding about the amendment. It seems to me that the wording is plain. Every undergraduate in Arkansas who has now a state license, is entitled to membership in the Society. That is what the amendment says. It has been published in the JOURNAL for a year. Everybody has had a chance to read and discuss it. I think it is very plain.

Dr. Warren, Black Rock: It seems to me that if this resolution passes as it was intended, it would be disastrous. If it passes as it reads, it is disastrous. In either event, it seems to me we ought to dispose of it. Vote it down. If we vote for it, certainly we put ourselves in a peculiar attitude. I don't think that we ought to spend any more time on it. It does not matter what the author meant. If the Society wishes to put an interpretation upon it, that is a different matter.

As it is printed, it can't mean what he intended. I don't think there is any further need of discussing the matter.

Dr. Robinson, of Hot Springs: I understand it to mean that any license that is dated prior to the sitting of this session permits the holder thereof to come into this Society any time after this Society adjourns. Of course, after the 1908 meeting no undergraduate is eligible to the Society. It is plain to me. But any undergraduate who has a license that is dated prior to the date of this meeting is eligible to this Society, and it seems to me that there is no use of quibbling upon this any longer.

Dr. Eberle, of Fort Smith: I want to call your attention to another ambiguity in this amendment that seems to have been overlooked by all of us. The first part of the amendment says that all undergraduates who are now recognized as legal practitioners of medicine in the State of Arkansas are eligible to membership in this Society. The second clause says, that after the meeting of this Society in 1908 every candidate for membership in the county society shall be required to present evidences of graduation from a reputable medical school of four years' standing. If a man comes into my county society at our next meeting, he is disqualified from membership because this says that every candidate after 1908 must have been a graduate of a reputable medical school; but under the first clause any man who is a recognized practitioner can join the State Society. Dr. Jelks got his amendment worded in a way that he evidently did not intend, and it is not what we want.

Dr. Snodgrass, of Little Rock: In regard to the Jelks' amendment, I would like to know if the secretary has the original amendment at hand.

Secretary: I have not the original at hand, but will attest to the verbiage.

Dr. Ellis: The Constitution and By-Laws state that a man cannot become a member of the State Society unless he is a member of the local society. He is a member of the State Society when he enters his county society. As to the undergraduate, we all know Dr. Jelks' intention in this amendment. I don't think any man here misunderstands it unless he so desires to do, because it is very plain. It was his intention that every man who was a recognized practitioner in Arkansas prior to this meeting shall be entitled to become a member of the Arkansas Medical Society, provided his society saw fit to take him in. I am heartily in favor of taking in the undergraduates up to this time. The only reason that I am in favor of taking them in prior to this time is because we need them in the Society. We need the undergraduates because they are numerous,

and we have important legislation to go through the Legislature. A gentleman spoke of this being a political movement. It is, in a certain sense of the word, because we have to have their influence in getting the legislation we desire.

Dr. Adam Guthrie, Prescott: I believe that we all understand the meaning of this amendment; that it means to admit the undergraduates to the county societies, which admission to the county societies under the Constitution makes them members of the State Society. Personally I have opposed this, and I have not changed my honest convictions. But I do disavow, and wish to earnestly disavow, putting the construction on the action of those who advocate it, that they have been impelled by any motives but those of the very best, and which would only redound to the welfare of the Society. I want to say that I do not believe that a single man who is advocating the admission of the undergraduate is advocating it on the ground that it would redound to his benefit, or that the undergraduate would flush patients for him. (Applause). For the specialists and the talented physicians that have been gathered in the larger centers of our State I have the profoundest respect and the highest esteem. We cannot afford to cleave the tongue. We cannot afford to say that we are a bad set of people; we are one. I believe that those who have advocated the admission of the undergraduate have been honest in their efforts, that it would redound to our welfare; and, if the majority of the House of Delegates speaks in favor of their admission, and there is no question as to what they mean, while I am personally and honestly opposed to it, I wish to go on record as saying that, so far as I am individually concerned, I believe them actuated by the highest motives; and instead of saying that my county society will go out, or that we will step out, I want to say, as Ruth said to Naomi, "Let me go with thee: thy people shall be my people, and thy God shall be my God." And, if you admit the undergraduate over the objections of those of us who have opposed it, we are still with you. We are not impugning your motives. We simply disagree with you.

I don't believe the time is ripe for them. I believe the amendment ought to be voted down, because there are those who will insist on the strict verbiage of it, which makes it destructive, as Dr. Warren says. I believe it ought to be voted down, and even if it were put in good shape I would vote against it. I do not believe it is best to adopt it. I believe there ought to be an amendment gotten up at this meeting that would be stripped of any ambiguity; that would be so plain in its verbiage that no misconstruction could be put upon it, and no misunderstanding could creep

into the discussion; that there could be no technical advantage taken of its wording. Then let the Society speak in this body, and when it has spoken, let the minority accept as will become true, good men, and all go along and make the best we can out of it. (Applause).

Dr. Routh, Batavia: As the representative from Boone county, I wish to say that our society has discussed this question and advocated the same thing as Dr. Guthrie. They instructed me to vote against it, but they say if this amendment is adopted there would be no ill-feeling, that we would all be one.

The motion to adopt the amendment was lost by a large majority.

#### THE YOUNG AMENDMENTS.

The following proposed amendment of Chap. IX, Sev. V, of the By-Laws introduced by Dr. F. B. Young, of Springdale, was the next order of business:

"Non-graduates who possess all the other qualifications of membership may be admitted to associate membership in county societies. Such members shall not be entitled to vote or hold office nor to become members of the State Society, but shall be entitled to all the other rights and privileges of membership in county societies."

Dr. St. Cloud Cooper, of Fort Smith, moved its adoption, seconded by Dr. J. H. Weaver, of Hope.

Dr. Eberle, of Fort Smith, offered an amendment proposing to insert the words, "that they shall be subject to county dues." Dr. Eberle believed they should pay county dues, but not dues to the State Society.

Dr. Meriwether and Dr. Ellis believed the amendment was out of order for constitutional reasons. The Constitution provides that members of county societies are members of the State Society, and are therefore subject to dues.

Dr. Parchman, of Van Buren, objected to the amendment for the reason that such members would become eligible to membership in the American Medical Association, a thing undesired.

The President ruled the amendment in order.

Dr. Adam Guthrie: I think Dr. Young's amendment is subject to the same criticism as the one offered by Dr. Jelks—there might be something not perfectly clear. But, with due courtesy to him, and sympathy for his movement, if I can get a second, I will move for an indefinite postponement of this amendment, and he can call it up at his leisure.

The motion was seconded.

Dr. Young: This amendment was introduced to cover just the condition that has been mentioned here. There are a number of counties in this State which have conditions prevailing practically



as this recognizes. In other words, they take in undergraduates and let them come to the society and take part in the program just as they please, with the exception of holding office, voting and becoming members of this Society. This is the way that the whole section will read:

Chap. IX., Sec. 5. "Each county society shall judge of the qualification of its own members, but as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is a graduate of a reputable medical college and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership."

"Non-graduates who possess all other qualifications of membership may be admitted to associate membership in county societies. Such members shall not be entitled to vote nor to hold office nor to become members of the State Society, but shall be entitled to all the other rights and privileges of membership in county societies."

"Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member."

Now, it is claimed by those who wish the undergraduates to come into the county society and into the State Society that it is for two purposes; the first is—and that is the horn they blow loudest—for the benefit of the undergraduate. The second is, that it is for the benefit of the State Society. Now, I am exceedingly dubious as to any benefits that this Society would derive from 2,500 or 3,000 undergraduates. I am very strongly impressed with the idea that the mere fact that a man is an undergraduate is *prima facie* evidence that he is not prepared to become a member of the State Society because he cannot realize the obligations and duties devolving upon the members of the medical profession. If he did, he would sacrifice himself as soon as he became a member.

It is easy enough for a man to become a graduate in medicine if he sets his head to it. Our friends who are legislature-crazy, claim that the undergraduates, by becoming members of the State Society, would fall in line and would endorse and work for any legislation that the more advanced thinkers in the Society would call for. This has been proven by actual experience in the past to be a mistake. And, furthermore, the average Arkansas legislator has some reason, possibly not as much as some other class of people, but he has a reasonable amount of intelligence. At least, those from Washington county have. And we have found it reasonably easy to influence

their votes by a little argument, and not by the threat of political destruction. So much for the political side of it.

Now, as to the good it may do the undergraduate himself. If the undergraduate will come in under the plan that is here suggested and take part in the meetings, as he can, he may derive all the benefits that he could if he was a full member. It is said the undergraduates outnumber us two, or two and a half to one; if they do, and would come in, all of them, it is said they would run the Society, and the progressive element would be "swamped." I don't believe myself that they would do that. That's what my friends who call for this want. I will say this much, that I am not wedded to any amendment to the Constitution. Whatever this Society wants is what I want. But I believe this solves the problem for the present. In the future, if we find it is a safe proposition to take these men into full and complete membership in our society and let them have a controlling voice in it, we can do so; and once we get them in, if we find out we can't control it, then we have got to dissolve and reorganize the Society again, and let the more progressive element get in control.

Dr. Ellis: I am heartily in favor of the motion to indefinitely postpone. If the motion prevails it would give us plenty of time to think this over. I for one do not care about the undergraduates being in the Society.

Dr. Parchman: Dr. Young's amendment covers fully the question of the undergraduates joining the State Medical Society, but, if you will observe it does not touch the American Medical Association. The minute they are enrolled on the county society books they are eligible to the American Medical Association. There is nothing to prohibit them. In our county we understood that undergraduates were eligible, and we took in three or four. Sometime after admission one was asked to pay county dues. In reply he said he wasn't going to pay any county dues; that he was now a member of the American Medical Association. The American Medical Association sends out an application for membership, and, in order to get subscriptions for their JOURNAL, take every man who is a member of a county medical society. When you adopt this amendment you take in several hundred who at once become eligible to membership in the American Medical Association. Of course they are barred from this Society, but not from the American Medical Association. I am in favor of Dr. Guthrie's motion.

Dr. Young: If you will allow me, I will make one more explanation. Dr. Parchman mentioned that before I made my first statement, but I overlooked it. If he will read the proposed amend-

ment carefully, he will see it does not call them members of the county society, but associate members. They would not be enrolled in the county society as members at all, but merely as associate members. And, there is a vast difference between members and associate members.

Secretary: I wish to call attention to the fact that a certificate of membership in the American Medical Association is not issued except upon information from the Secretary that the applicant is a member in good standing of his component and state societies.

Dr. Sweatland: I do not see any advantage in the amendment at all. Every county that has an organization, has the privilege of taking in these members as associate members.

Dr. Young: You are in error. The amendment is for the purpose of giving them that privilege.

Dr. Sweatland: They have that privilege now, and there are a number of societies in the State today that are taking in these members as associate members.

Dr. Guthrie: We call them honorary members.

Dr. Sweatland: That is all that this amendment does. If it admits them as whole members they are members of the State Society and they are eligible to membership in the American Medical Association. I don't see what else your amendment is going to do. It is not going to give the undergraduates any more privileges now than the county society is competent to give them, and willing to give them.

Dr. Young: If you show me the part of the Constitution that permits the course you have said it does, I will withdraw my resolution.

Dr. Sweatland: It says the various county societies shall be the judges of the qualifications of their members.

Dr. Young: But it says only graduates.

Dr. Sweatland: I think not. That does not cover the point. You see they are only associate members, as your amendment reads. You will not disagree with me that every county society has that privilege now.

Dr. Young: Yes, Dr. Thibault's county did that.

Dr. Sweatland: I understand in Pope county they have associate members just as your amendment allows. If it does not take them into full-membership, what benefit does it give?

Dr. Young: I will say in response to that question which you have addressed to me, that I am fairly familiar with the Constitution, and will call on the Chair to rule if I am not right in the statement, that any county society that takes in an undergraduate, in any character of membership whatever, is violating the Constitution of the Arkansas Medical Society. It is for the purpose of overcoming that violation and putting these

members on a known and fixed basis that this amendment was introduced. I am fully aware of the fact that there are quite a number of counties in the State which have done just exactly as this amendment authorizes to be done, but if they have done so, it is in violation of the Constitution, and they have gone far beyond their rights and prerogatives. This is merely intended to legalize these members in a way.

Dr. Sweatland: As associate members?

Dr. Young: Yes.

Dr. Sweatland: What is the use of doing so. They have been violating it so long.

Dr. Riser: I think the question hinges on the two words "membership" and "associate membership." The law says they must be members. We confuse those two terms. I don't think any county society takes them in as members, but simply as associate members, and they have not violated any law, for that reason.

Dr. Sweatland: But the argument here was that they violated the law when they took them in as associate members, and that is all this amendment asks for.

Dr. Thibault: It does prohibit us from taking these men in as members, but not as associate members; neither does it allow it. But the Constitution prevents us from doing those things that it specifically prevents. All other privileges are ours as long as they do not conflict with the Constitution. Therefore, our society has taken these men in. An undergraduate can come into our county society, attend our meetings, present clinical cases, and assist in operations. We have never had but one to attend these meetings, and he only attended two times. It is still open to the undergraduate. We have had no trouble with the graduate. There was only one who failed to come into the society, but the undergraduates have absolutely ignored us, thus showing that they don't care for the society as an educational institution. They don't care whether they attend these meetings, or whether they get any benefit from them at all, and if they can't get full membership they don't want any at all. We have found by five or six years actual experience that offering these things to the undergraduate does him no good, but he generally takes our offer as an insult.

Dr. Warren: If Dr. Young accepts Dr. Eberle's amendment to his amendment, that would make it vague as to what dues are to be charged. That has not yet been settled. That point ought to be discussed before a vote is taken. We at least ought to see that they pay dues in the county society.

Dr. Robinson: In regard to the limited membership of our county society, we have invited them



in our society for several years, and, as Dr. Thibault says, we never had but one man to take advantage of the privilege, and that was Dr. Parker, who is a graduate now, and has come in as a member. But he is the only man who succeeded in getting in our society. I think if the amendment is passed, it would not amount to two cents to this society. We have several young men in our county who are undergraduates and we would like to have them join, but you can't get them in. We don't call them associate members, but limited members. They are allowed to come in and read papers and take part in the discussions, but cannot hold office or vote.

The motion to indefinitely postpone was adopted.

#### YOUNG RESOLUTION.

The following resolution by Dr. F. B. Young, of Springdale, was the next order of business.

"Whereas, some of the members of the Arkansas Medical Society believe that an injustice may be done both to this Society and to certain individual members of this Society by Chapter V, Section VI of the By-Laws; and,

"Whereas, We believe that too many restrictions on the free action of this Society are wrong; therefore, be it

"Resolved, That Chapter V, Section VI, be expunged from the By-Laws of this Society."

Dr. St. Cloud Cooper moved the adoption of the resolution, which was seconded.

Dr. Thibault: I would like to relate a little history in connection with this Society. Previous to 1885, the nominating committee had the privilege of nominating anybody to office in this Society. It came to such a pass that nobody was ever elected to office except the men on the nominating committee. In 1885 the attendance had become so low that you could send a man to the meeting, get him on the nominating committee and he would elect himself to office. Therefore, the Society passed a resolution reading like this: "Resolved that it shall be deemed indecorous for any member of the nominating committee to accept nomination for office in the Arkansas Medical Society." Next year every one of these component societies sent in two men; one was on the nominating committee, and the other one to represent the county, thereby doubling the attendance to the State Society in one year. The American Medical Association up to that time permitted its delegates to hold office. They got out new by-laws shortly after this meeting, and they brought this question up. It was thoroughly discussed, and they said, if you don't give a man a chance to be an officer, he will not attend. They were told the experience of this society, and they adopted a

resolution similar to the one this Society has adopted. The next year when they held a meeting the attendance had increased 250 per cent because they sent one or two delegates there and two or three men as possibilities for office. As it is now we feel around and find out what the Society wants; the other way, we just confined our inquiries to the nominating committee. We have an example before us, set by this Society and by the American Medical Association. I think it would be a step detrimental to the welfare of this Society to adopt that resolution. Now, it may be possible that it works a hardship upon a man to come here and not have a chance to be President. I have never had such a chance; I have always been in the House of Delegates, and so has Dr. Young. I don't know whether that was the incentive he had in introducing this resolution or not. But still a man who has influence enough in the county society and is trusted enough by the members to be sent here to take care of their affairs during this entire session, ought to have influence enough not to be elected a delegate, if he thinks he can be elected president of this Society. Unless he has that influence, he has not strength and character enough to be elected president. (Applause.)

Dr. Eberle: Lightning is not likely to strike twice in the same place, therefore I feel that I can disinterestedly favor Dr. Young's amendment without any one saying that there is a selfish motive behind me. I believe the amendment ought to be adopted. There are instances where the county society sends only one man. It may be he is a worthy, deserving man, and deserves the office of president; but the fact that he comes to the annual meeting, and the only one who will come from his county, and necessarily as a delegate, he is disqualified from holding office. There are many instances where a hardship is worked on a deserving man in that way. I believe the House of Delegates can be trusted not to gobble all the offices for its members themselves if it have the right to select them.

Dr. Jordan, Pine Bluff: I want to endorse what Dr. Eberle says. I want to bear testimony in particular to what has been said by Dr. Thibault. Several years ago when the old nominating committee was in vogue, as we all know who attended the meetings at that time, it was an open secret that the members of the nominating committee selected each other for office. A great many men who were aspirants for office in the Society, crept into office in that manner, by getting on the nominating committee, and being nominated while members of that committee. But I think this Society has reached the point now that we, as disinterested members, can lay aside all personal ambi-

tion and personal preference in the matter, and work for the harmony and the good will and advancement of the medical profession in Arkansas and the Arkansas Medical Society. I do not feel any uneasiness in trusting any question that might properly come before this Society to the House of Delegates. I feel certain that it will decide all questions to the best interests of the medical profession and to the Society.

As has been rightfully said by Dr. Eberle, this works a great hardship upon a great many members of the Society who are the single representatives from their counties. They are shut out you might say, from any honors that might be conferred upon them by this Society, by simply being honored by their county society, and sent as their representative to the House of Delegates. I think they ought to stand an equal chance with the outsiders in the distribution of these honors. As a matter of fact, this matter at the present time is not usually settled in the House of Delegates. Slates are made up on the outside and the matter is fixed and settled before the House of Delegates has assembled. I am very much in favor of Dr. Young's amendment.

Dr. Young: I want to state to this Society the reason I have for introducing this amendment. In the first place, I want to refer to Dr. Thibault's statement in regard to the old-time, nominating committee. It is a long time from 1885 and the nominating committee of that day, to the present-day House of Delegates. The difference is almost as marked as the time. While the conditions mentioned by him may have existed then, they certainly do not exist at the present time.

The particular instance I call to mind, occurred last year. In a certain county society there were two men who were looked upon as presidential timber. They were both highly regarded by their brother practitioners. Now, it so transpired that one of these gentlemen was elected a delegate to the last meeting of this Society. He was a very strong friend of mine, and so was his friend and competitor, and he made the statement to me that he believed the other gentleman had engineered his selection as a delegate to this Society for the purpose of rendering him ineligible to the presidency, or to any other office within the gift of this Society. I think the gentleman was mistaken. I think he believes so now. But, this clause of the Constitution leaves the gap down for such work as this, and no such condition should prevail.

In the next place, about three or four years ago there was a certain gentleman who was the only member present from his county society. He was a strong man, and at that time was favorably mentioned for the presidency. When he got to

the place of meeting, although he was not a delegate and was not elected a delegate, he was the only person from his county, and he took the position and acted as delegate, thus rendering himself ineligible to the presidency.

Now, these are two examples of the harm this one section may do. It would probably be alright in Illinois, or Indiana, or some other state where they have large medical societies and three or four delegates from each county society, and 30 or 40 members from each society attending the state meeting. But, when we have to depend upon one or two members from each society coming out to our State Society meeting, it works too much of a hardship to be perpetuated.

Dr. Warren, Black Rock: The section of the Constitution referred to does not prevent a man from being elected as a section officer, or should not, as I see it. It only prevents him from becoming president, vice-president, secretary and treasurer.

President: It says to any of the offices.

Dr. Warren: It has been the custom to elect them to the section offices, and the old Constitution so says. I would be in favor of changing it so that the nominating committee would be entitled to the honors.

Dr. Young: I think it would be perfectly safe to leave the nominating committee eligible to every gift of this Society, and it would not be very likely that they would abuse it, with the present state of feeling.

The motion to adopt the resolution carried by the vote of 19 to 6.

#### DISTRICT ASSOCIATIONS OF THE AMERICAN MEDICAL ASSOCIATION.

The Secretary called attention to a communication from the American Medical Association, requesting the Arkansas Medical Society to give expression to its views upon the organization of Branch Associations.

Dr. Thibault moved a committee be appointed to report upon the request of the American Medical Association concerning the organization of District Associations.

Dr. Thibault, Dr. Warren and Dr. Ellis were appointed on said committee.

#### LIFE INSURANCE EXAMINATION FEES.

Dr. Neihuss, of Wesson: I am instructed by the Union County Medical Society, to bring up the matter of life insurance examination fees. Our county, like many others possibly, has a rule that no member of the society shall be allowed to make an examination for any life insurance company, other than fraternal orders, for less than \$5.00. All the members, I believe, consented and adopted that by-law, and I think it also stated that if they were



guilty of making an examination for less than \$5.00, they were subject to expulsion. I bring this matter up in order to know if the Society wishes to make any recommendations upon the matter.

Dr. Warren: We have had this matter up for the last three or four years. I don't think we ought to consider it now. If the county societies want to do it, and adopt such by-laws, alright. We have agreed two or three times before to let this subject go, and not take it up in the State Society.

Dr. Riser: I think the proper way is to let each county take care of the question of fees.

On motion, the House of Delegates adjourned until Wednesday morning at 8:30 a. m.

#### SECOND DAY—WEDNESDAY MORNING, MAY 13.

The House of Delegates was called to order by the President, a quorum being present.

Dr. Dunavant of Mississippi County and Dr. Winkler of Independence County were seated as delegates.

#### SELECTION OF NOMINATING COMMITTEE.

The Delegates from the various Councilor Districts met immediately after the House was called to order, and selected the following Nominating Committee:

First District: Dr. N. J. Latimer, Clay county.

Second District: Dr. W. B. Lawrence, Independence county.

Third District: Dr. F. C. Robinson, Prairie county.

Fourth District: Dr. W. S. Stewart, Jefferson county.

Fifth District: Dr. J. F. McKnight, Monroe county.

Sixth District: Dr. F. L. Riser, Sevier county.

Seventh District: Dr. L. R. Ellis, Garland county.

Eighth District: Dr. A. E. Sweatland, Pulaski county.

Ninth District: Dr. C. M. Routh, Boone county.

Tenth District: Dr. J. G. Eberle, Sebastian county.

#### REPORT OF COMMITTEE ON DISTRICT ASSOCIATIONS.

Dr. H. Thibault read the following report:

We, your committee appointed to report upon the question of the formation of District Medical Associations and their official recognition by the American Medical Association, beg to state that we believe it is a matter to be settled between the Associations and the American Medical Association.

Therefore, we advise that no action be taken on the matter.

Adopted.

H. THIBAULT, Chairman.

L. R. ELLIS,

G. A. WARREN.

On motion the House of Delegates adjourned to convene again Friday morning at 9 o'clock.

#### GENERAL MEETING.

##### FIRST GENERAL MEETING—WEDNESDAY, MAY 13.

The first General Meeting of the Arkansas Medical Society convened in the Auditorium Skating Rink, on West Markham street, at 10:30 a. m., and was called to order by the President, Dr. C. C. Stephenson.

Rev. John T. Christian, D. D., was introduced and offered the following prayer:

#### INVOCATION.

"Thy favor, Our Heavenly Father, is upon us this morning. With the early morning Thou dost bring to us the dew of Thy grace and of Thy favor; in the eventide Thou dost not forget to take us into Thy presence and bless our hearts with gladness. We thank Thee, this morning that we can bow our bodies as we have already bowed our hearts before Thee, the great God who made us. We praise Thy name that we can call Thee our Father who art in Heaven, just like we have gone unto our earthly parents many a time for a blessing, we can come to Thee, Father of our spirits, who hath promised to give us every good and perfect blessing. We would ask Thy special invocation and blessing upon this society of medical men. We would ask Thee, our Heavenly Father, that Thou wouldst bless all scientific investigation, and everything that makes for life, for the betterment of mankind and for the improvement of our commonwealth; upon all these we would invoke the blessing of Almighty God.

Wilt Thou bless these physicians who have left their homes and come up to the capital city this morning. Wilt Thou bless all the physicians in their effort for more knowledge. We feel that they are organized in one of the loftiest professions that God has ever given to men; that there is nothing more like the Divine One, who came to bring healing to the world. We pray Thee to bless and comfort every good and faithful physician; wilt Thou give to each one of these men that strength and courage of mind; that vigor of thought; that tenderness of feeling; that sympathy and earnestness, and, especially, that conscientious devotion to his calling that should

ever become one who is in this profession. May this be a great medical meeting; we pray Thee to make it one that shall be greatly pleasing to all; bless each one of us, bless the president and the officers; bless all who shall take part in this work; may Thy favor rest upon each one. We would not forget this morning to ask that Thou wouldst bless the great army of men who have separated themselves and gone forth in this arduous work. We would not forget the wives and children, who miss them so much and have been deprived of the tender care and sympathy of these noble men. We pray Thee that Thou wilt bless each one of us this morning. Grant to us a personal blessing that may sink deep into our hearts and make us indeed responsive. May we see something of Thy love and sympathy that shall abide with us, and may we in our meditations be drawn unto Jesus Christ, who is the Great Physician of us all. Bless us now with Thy favor. Let the light of Thy countenance shine upon us. Let Thy smile rest upon all that we may undertake to do in the interest of truth and in the healing art. We ask it in the name of Him who hath been our friend and our brother, the Lowly One. Amen.

#### ADDRESS OF WELCOME BY MAYOR J. H.

HOLLIS.

President Stephenson then introduced Hon. J. H. Hollis, Mayor of Little Rock, who spoke as follows:

Mr. President, Members of the Arkansas Medical Society, Ladies and Gentlemen:

It gives me a great deal of pleasure in behalf of the citizens of this great, growing and prosperous capital city, to extend to you, one and all, a cordial welcome into our borders.

I wish to say in the beginning that I have a very peculiar interest in your association at this particular time. You have among your membership those with whom I have been associated in various and sundry walks of life, beginning with the farm and country village and in the college life. With those about whom I therefore speak as having been associated with, I wish to say that I know from personal contact that they are made out of the right kind of stuff, and from whom we expect great results, and this association should feel highly honored by having such a high type of citizenship. I look upon the doctors' association as one of unusual importance in the history of Arkansas. There is a great deal of trouble at all times for the doctor, the man who is called upon at all hours of the day and night to be sympathetic, and what we consider an all around good citizen. I consider that the citizenship of Arkansas is to be congratulated

upon the fine representation that the doctors' association presents in this body.

Gentlemen, we take pleasure in extending to you the glad hand of welcome. Every part of the city is open to you, to have and to take everything that you wish. The best the city has is at your hand. It is yours for the asking; we trust that this may not be the last time that we shall have you with us. We shall be glad if you will pass such resolutions as will make Little Rock your perpetual place of meeting. We shall always be glad to show you every courtesy and extend to you a hearty welcome, and give you everything that will make your stay comfortable, pleasant and profitable. We hope that this session will not only be the largest in your history, but that great good may result from your coming together and exchanging ideas and experiences. I wish, therefore, in behalf of the citizenship of Little Rock, to extend to you one and all a most cordial welcome. (Applause.)

#### ADDRESS OF WELCOME ON BEHALF OF PULASKI COUNTY MEDICAL SOCIETY,

Dr. W. C. Dunaway was next introduced and spoke on behalf of the Pulaski County Medical Society.

Mr. President, Members of the Arkansas Medical Society, Ladies and Gentlemen:

I wish I had a cut-and-dried speech to give you; but I haven't. It is customary on occasions like this for a representative of the local county society to give you an address of welcome that you would like to read in the papers after the meeting is over. On this occasion, ladies and gentlemen, I assure you I shall not be long before you, although the little duty that I must perform is a very pleasant one. My venerable, tried and esteemed friend, Dr. Leonidas Kirby, of Boone county, said, "Ladies and Gentlemen, I don't want to bore you." So, on this occasion, I hope I shall not bore you.

These annual meetings are looked forward to by each individual with inexpressible pleasure, and we long for the time to arrive. On such occasions we derive more pleasure than any one else. We are glad to have you come and be with us, and upon the part of the Pulaski County Medical Society I am asked to bid you a welcome.

To begin with, these occasions are social, because man is a social being, and if he is not he should cultivate that part of his nature, and thereby derive a great benefit. So these meetings are social, or should be, and they are of a fraternal nature. They inevitably engender a kinder feeling, a more mutual feeling, a more generous feeling upon the part of one doctor for another. If there are little differences, little



unkind feelings, little jealousies that exist between the votaries of any particular views, any bitterness of spirit, these occasions are the ones that are calculated to erase them and engender a kindlier and more fraternal feeling. Not only so, but the educational part can scarcely be estimated. You come here from the various fields of practice, and this vacation results in an exchange of practical ideas. You benefit your brother, and your brother in turn may benefit you. So the social, fraternal and educational features of the State Society are well worth the time of any one who participates. Not only so, but you get the needed few days of recreation. Every man owes it to himself to occasionally relax from the strenuous duties imposed upon him by active professional life, to relax from these duties and rest. These diversions are merely a needed rest and vacation.

These meetings bring to us also the ladies. We are indeed glad to have the ladies with us—especially glad. Now one word right here: If there are any single ladies in this audience, who are visitors, or otherwise, I would like to say that we have some very desirable bachelors who are members of the Pulaski County Medical Society. They are elegant gentlemen; but they are so modest and unassuming that up to the present time they have not succeeded well—I mean that they have not succeeded well matrimonially. So this being leap year, the only alternative that you can apply—but why carry the argument any further, the application is plainly self-evident. Ladies, we are glad to have you with us.

Now, ladies and gentlemen, once more upon the part of the Pulaski County Medical Society, I would say welcome, thrice welcome, and if there is anything that you wish that you do not see, I would ask that you call upon the entertainment committee or upon the genial secretary, and it shall be granted you, I promise. (Applause.)

#### RESPONSE TO THE ADDRESSES OF WELCOME.

President Stephenson introduced Dr. Sam E. Thompson, of El Dorado, who responded to the address of welcome as follows:

Among the many delightful and attractive features of our annual assemblies is the warm, the bubbling, the spontaneous welcome with which we are always greeted. Your invitation to come into your city, your homes and your banquet halls, and your words of welcome when we do come, give us ease and freedom and confidence and pleasure. With you, we are equally proud of your magnificent city. We are proud of Little Rock, because she is a credit in common to us all. We rejoice in your beautiful streets, and your

elegant buildings, your palatial homes, and your numerous enterprises. We are proud of the thrift, the energy, the advancement, the elegance, and the culture with which your city greets us on every hand.

In the name of organized medicine, and for the advancement and promotion of the greatest profession on the face of the earth, we come into your city today. It is wise for us, and well for our profession to cease, at times, our labors in grappling with the issues of life and death, and answer the question, What is medicine? Whence did it come? How did it originate, and who shall assert its authority? Medicine is not the phantasm of a diseased mind. It is not the creation of one day or of one brain. It is not a delicate plant languishing under the enervating influences of an artificial environment. It is a rugged fruit-bearing plant, luxuriating under the sunshine, showers and breezes of the balmy South, and flourishing under the frosts and blizzards of the frigid North. It blooms in every season and gives fragrance to every breeze.

Medicine reaches back into the mists of the early ages, and is the product of the best thought of the best minds of all ages through which it has come. It originated in the necessity of man. There never was a time when man was exempt from the infirmities of disease, and there never was a time when these infirmities came upon him that he did not require some one to administer relief. Out of these necessities was first evolved the art and later the science of medicine. In the beginning it was crude; but under the refined and elaborating touch of skilled artisans it has been gradually transformed into a system so multiform and far reaching that no human being whatever be the nature of his ailments, can be excluded from its benefits. This grand fabric of scientific medicine, which we hold today, was not built up without struggles and trials. Such results can only be evolved through slow processes of perpetual study. To be a science, medicine must be governed by reason, by conscience and by truth. With its principles moulded and crystallized on such an enduring basis, it will resist the assaults of the enemy for all time to come. To the pioneer work of the fathers of medicine many of its later achievements are due. To their intelligent observation, and the practical use made of information thus obtained, we are largely indebted for the foundation upon which the edifice of medicine has been built. No legacy of medical discovery had been bequeathed to them. They had no storehouses filled with the treasures of former ages to draw from. They had to create a structure, and discover methods of treating disease, by observation and experience alone.

Without the aids of anatomy, physiology, chemistry, pharmacy, laboratories and other auxiliary sciences, they met the problems which confronted them with a fertility of resource which has been the marvel of later and more enlightened ages. Isolated research and isolated discovery have thus accumulated until the combined resources of forty centuries have been skillfully transformed into a system of medicine which today commands the admiration of the world.

The grandeur of rational medicine consists in its unlimited adaptability to all conditions of suffering humanity.

Whatever may be the nature of the disease or accident with which it is burdened, scientific medicine in its wealth or resource is ever ready to meet the emergency.

The complexity of the human organism and the environment under which man exists necessitate a multitude of expedients for the relief of human ills. All the knowledge that can be gathered from every human source is necessary to enable us to cope with the perils that surround us. Thus medicine must go on expanding to meet the perplexing problems multiplying in our way. There is still room for more discovery; there is still a demand for more knowledge, and will be as long as disease and death are the inheritance of man.

Therefore we shall write  
That time in his might,  
Shall never erase the good pleasure,  
That you in your way,  
Have shown us today,  
In all its most bountiful measure.

And when we, as you know,  
So surely must go  
Away from your homes and your bounties,  
We shall always be glad  
Of the meeting we had,  
In Pulaski, the county of counties.

Dr. Joseph Price, of Philadelphia, and Dr. C. C. Browning, of California, were present and were offered the courtesies of the meeting. They both responded to the invitation from the President. Dr. Price's remarks will appear in a later number. Dr. Browning spoke as follows:

Mr. Chairman and friends of the Arkansas Medical Society: I am indeed glad to meet with so many members of this Society on this auspicious occasion; and I must say that it is a great pleasure to me to be here. I was enjoying myself hugely listening to the address of Dr. Price and hugging the vain delusion that

I was not to be called on to give you a talk. You will have to hold your President responsible for this infliction. Seeing Dr. Price here reminds me of a pleasant excursion we took together last year while attending the meeting of the American Medical Association, which pleased me much more than my address will please you.

There is so much that can be said on an occasion of this kind that one is somewhat at a loss to know just how to begin and what it would be best to say. Since Dr. Price has been speaking I have thought that possibly the point which he made on the great need of education, might be a good theme for me to enlarge upon.

I think that just at present we are peculiarly situated in respect to considering just such a topic. Most of us are concerned with the treatment of disease, and a great many times after it has developed into an advanced stage. I notice on your program good space given to the section on state medicine and public hygiene; and we notice particularly all programs of meetings of this character recognize the importance of this section. A few years ago, those of you who attended meetings of medical associations know that this section was not esteemed of much importance, usually had one essay or two, and it was hard work to arouse any interest or get any attendance to its session. Today it is different. It is an important section, and I have no doubt that this same section will prove to be quite interesting and one of the most important of this meeting. It is along that line that I wish to direct your attention. For many years we have had with us our municipal authorities, which is an important factor in that particular line, and you should have with you the mayor of your city in the fight for better health conditions. Without the aid of such men it is impossible to do the best work. In our section of the country, particularly in our State, this subject is a live one, for the reason that we believe that most of the consumption is brought into that State. It is also true of Pennsylvania. I am informed that the last legislature of Pennsylvania appropriated one million dollars to fight tuberculosis alone; which shows the great interest that is being manifested in that State against this one particular disease, and that is only one question, although probably the greatest question of the great wave that is spreading over this country and over the entire civilized world in regard to this fell destroyer that is carrying off one-tenth of our population, and about one-seventh of the entire civilized world. Again, we must have the aid of the profession, the aid of the ministry, and the aid of our political officers; but the great factor, or one of the greatest factors, is hygiene. The doctors, through their organization, their clubs



and their influence, constitute a compelling force in the education of hygiene and state medicine, and their good work is producing good results. I want to urge upon you, if there are any here who have not taken hold of the particular field of missionary work, the advisability of giving this matter consideration, especially of joining in this fight against tuberculosis. This dread disease is extant in the land, and all of you know, for two reasons: ignorance and carelessness. This ignorance is to be dispelled by proper education, and carelessness by education also; because it is through public sentiment that this ignorance may be dispelled. We think that along this particular line it appeals to us in our State, because of the large number who come there from your State and from other states. The death rate in California from tuberculosis is probably greater than any other state in the Union. About 90 per cent of those who die there are those who have come into the State in an almost moribund condition, in the last stages of consumption, trusting in the climate to restore them.

Now, there is a moral to this. Don't send your patients away from home to die! Don't send them too late. You should have put the resolve into practice earlier. We are struggling with tuberculosis as best we can, trying to get our people and the people who come there to understand how to manage this condition, and instruct them in the care of these people throughout our State; those who are constantly being attacked; those who will not take heed; those who cannot improve. Those who cannot come are bound to die with you. You need that education, and now is the time to begin. Teach the small children, begin with them at four or five years of age. Each one can be instructed as to cleanly habits and taught the reason why filth engenders disease, especially as to expectoration and discharges, so that they will grow up with the right hygienic ideas. Again, with all these lights before them, there is not a child that cannot be made to understand the cause of the different infectious diseases, because they are, almost all of them, as you know, due to bacteria, which are small vegetable germs, governed by the same rules and conditions as other vegetable life; and they can be made to understand that dirt is necessary if they want any vegetables; and they will readily perceive how dirt helps to make these small vegetable germs produce disease.

The war of extermination will necessarily involve the expenditure of some of the public funds, and some educational effort to arouse public sentiment, and some determination to leave nothing undone that will assist in producing

a better condition of affairs. Now, I don't want to delay or weary you. I only wanted to make a few suggestions to the end that possibly some interest may be awakened. I again want to thank you most cordially, and express my appreciation of being able to be with you today. (Applause.)

#### PRESIDENT'S ADDRESS.

Dr. J. L. Butler, First Vice-President, assumed the chair, and President Stevenson, delivered his annual address. (See page 1.)

A motion to refer the President's address to the Reference Committee was seconded and adopted.

Dr. Sweatland made an announcement for the Committee on Arrangements.

On motion, the meeting adjourned.

#### HOUSE OF DELEGATES.

##### FOURTH DAY—FRIDAY MORNING, MAY 15.

The House of Delegates was called to order by the President, a quorum being present.

Dr. Thibault: I move that the Board of Visitors, to the Medical Department, University of Arkansas, be allowed to report at any time convenient after the close of this session. Seconded and carried.

The next order of business was the report of the Councilors.

#### REPORT OF COUNCIL.

To the President and Members of the House of Delegates:

In accordance with the Constitution of the Arkansas Medical Society, I beg leave to submit the following report for the year 1907-8:

The reports filed with me by the various Councilors throughout the State indicate thorough harmony among the component societies, save one, which will be noted below, and increasing interest is evinced by the number of papers presented and discussed. Quite a number of the county societies have adopted the post-graduate course as prepared by Dr. Blackburn, of Bowling Green, Ky., for the use of county societies and endorsed by the American Medical Association.

The Councilors have exhibited zeal and diligence, and in their official canvass of their territory report a spirit of progress and an earnest desire for fruitful results along all lines.

#### DALLAS COUNTY SURRENDERS CHARTER.

The only discordant note which we have to chronicle, which is above alluded to, comes from the Dallas County Society. On account of friction between two of its members, which resulted in so much resentment as to resist all efforts of

the Councilor for reconciliation, a majority of the members decided to surrender their charter: and this was done effective in January last. At this meeting a majority of the members from that county presented in proper form an application for a new charter, intending to omit one of its former members: but inasmuch as the spirit and the letter of the law prescribed for the regulation and government of county societies was virtually ignored, in that the offending member was not properly tried and given an opportunity to make, if possible, a meritorious defense: and further that it was the purpose to deny him admission into the newly-formed society, the Council deemed it wise and prudent not to grant the new charter. Inasmuch as the Secretary reported all the members of the Dallas County Medical Society suspended for non-payment of dues, it was agreed and ordered by the Council that the Secretary of the State Society be directed to notify said suspended members of the Dallas County Medical Society, that they would be given thirty days from the date hereof in which to pay their dues and be restored to membership in the State Society, and upon such reinstatement, if consummated, their charter to be reenacted and restored to full force and effect. Then if it is desired to discipline the member whose conduct had been unsatisfactory, charges should be preferred in the usual way and he be duly notified and allowed to endeavor to explain and defend his course and make such representations as may be allowable to that end. The Council is very firm in its opinion that this is the only proper way to bring up and dispose of this unfortunate matter.

#### DELINQUENT REPORTS.

The Council regrets to report that up to this writing it has not been favored with reports from the Third, Ninth and Tenth Councilor Districts, and has no data upon which to formulate a report, except such general information as is furnished by the Secretary of the State Society, which is to the effect that medical organization appears to be in a fairly good condition in the territory referred to, and that activity along ethical lines is quite well defined, with prospects exceedingly hopeful and encouraging.

#### REPORTS OF SECRETARY AND TREASURER ENDORSED.

The committee appointed to examine and audit the accounts of the Secretary and also those of the Treasurer, reports that the records have been given a careful examination and found to be true and correct and entirely satisfactory.

We recommend that the Secretary be paid a salary of six hundred dollars per annum; that the amount of \$75 for a typewriting machine, which

was paid out by the Secretary, be refunded by the Society, as well as \$12.50, expended for a small desk for his office, and upon such reimbursement these articles become a part of the office furniture and fixtures belonging to the Society.

We would also recommend that the Secretary be empowered to expend fifty dollars, or as much as may be necessary, not exceeding that amount, for stenographic and other clerical assistance, as, in his judgment, may be deemed expedient from time to time.

#### THE JOURNAL.

We would likewise recommend that the Secretary be made editor of the JOURNAL of the Arkansas Medical Society, with power to invite such editorial and other assistance as may be required to render its management and publication efficient and satisfactory; that the class of advertising accepted for publication in the columns of the JOURNAL be left entirely to the discretion of the editor; that the books received from the various publishers and authors for review in the JOURNAL be donated to the editor as an honorarium.

We would recommend further, that in accordance with the suggestion of the President of this Society, in his annual address, that the Secretary-elect be allowed traveling expenses to and from Chicago, and actual hotel expenses while attending the coming meeting of the Association of Editors of State Medical Journals.

Respectfully submitted,

J. S. WESTERFIELD, Chairman.

Dr. Westerfield: I would like to state regarding the \$50.00 appropriated, that the report is not quite sufficiently specific in that matter. The \$50.00 is for the coming year and to cover incidental expenses. The Secretary sometimes has more work than he really can do. We were inclined to raise his salary, and would have done so, if he had allowed it. We also think that inasmuch as all the other state societies are sending their editors to the meeting at Chicago, that his expenses ought to be paid and he ought to go.

Dr. Warren: I move the adoption of the report.

Dr. Thibault: I would suggest that we adopt the recommendations by sections. If the report is adopted as a whole, it does not put in force the recommendations.

President Stephenson: If there is no objection, Dr. Thibault's suggestion will be acted on, and the Secretary will read the recommendations by sections.

The Secretary read the report by sections.

"We recommend that the secretary be paid a salary of six hundred dollars per annum; that the amount of \$75.00 for a typewriter, which was



paid out by the Secretary, be refunded by the Society, as well as \$12.50 expended for a small desk for his office, and upon such reimbursement these articles become a part of the office furniture and fixtures belong to the Society."

Adopted.

"We would also recommend that the Secretary be empowered to expend fifty dollars, or as much thereof as may be necessary, not exceeding that amount for stenographic and other clerical assistance, as may be deemed necessary by him from time to time."

Adopted.

"We would likewise recommend that the Secretary be made editor of the JOURNAL of the Arkansas Medical Society, with power to invite such editorial and other assistance as may be required to render its management and publication efficient and satisfactory; that the class of advertising accepted for publication in the columns of the Journal be left entirely to the discretion of the editor; that the books he receives from the various publishers and authors for review in the Journal be donated to the editor as an honorarium."

Dr. Thibault: I move the following amendment; that we simply insert the words, "providing the advertisements of drugs and drug houses shall include no drugs not recognized by the Council on Pharmacy and Chemistry of the American Medical Association."

Seconded.

Secretary: Suppose an advertisement of an article or drug is submitted to the editor for publication in the JOURNAL which has not been passed upon by the Council on Pharmacy and Chemistry, what instructions will you give him?

Dr. Thibault: Our past experience has taught us that a drug house, manufacturer or proprietor of an article, no matter how high-class, what they say in connection with that article, cannot be relied upon, and absolutely not one of them can be depended upon to tell the truth. I, therefore, think it the act of discretion to wait until the Council has investigated their product and tell them to wait. It is no discourtesy to tell them that it is the rule of our office not to accept any advertisement of any drug that has not been investigated by the Council on Pharmacy and Chemistry. We cannot trust any of them. The highest classed houses in the country have told lies about their preparations, and we just absolutely can't trust any of them.

The amendment carried. The original section as amended was then adopted.

"We would recommend further that in accordance with the suggestion of the President of this Society, in his annual address, that the secretary-elect be allowed traveling expenses while attend-

ing the coming meeting of the Association of Editors of State Medical Journals, at Chicago in June."

Adopted.

The amended report was then adopted as a whole.

On motion, Dr. Moulton, of Fort Smith, was seated in place of Dr. Eberle, of Sebastian county, and Dr. Hendrix of Sevier county, in place of Dr. Riser.

#### SECRETARY THANKED.

Dr. Mann: As Councilor, I have looked somewhat into the work which Dr. Smith has done for us during the last year. He has tried in every way to save every cent he could. He only had a little stenographer's bill of \$7.50. He has made every effort within his power, while editor of our Journal and Secretary of this Society, to get the Society on a paying basis. He has done all this work himself; has neglected his practice in order that this undertaking might succeed. I think it is quite right that this Society extend him a vote of thanks for the work which he has done, and I make a motion to that effect.

Dr. Guthrie: I second that motion, and hope that we will take a rising vote upon it.

Carried.

Secretary: Gentlemen, I appreciate your confidence very much, and am certain if I could give to your new Secretary the experience I have gained while filling this office, he would make you a better officer than I have made.

On motion, Dr. A. S. J. Collins, of Monticello, was recognized as the Delegate from Drew county, Dr. St. Cloud Cooper, as the Delegate from Sebastian, and Dr. Scott from Monroe county.

#### REPORT OF NOMINATING COMMITTEE AND ELECTION OF OFFICERS.

The election of officers being the next order of business, balloting was begun upon the nominations made by the Nominating Committee, with the following results:

President, Dr. Joseph T. Clegg, Siloam Springs; First Vice-President, Dr. E. K. Williams, Arkadelphia; Second Vice-President, Dr. L. H. Hall, Pocahontas; Third Vice-President, Dr. B. D. Luck, Pine Bluff; Secretary, Dr. Morgan Smith, Little Rock; Treasurer, Dr. J. W. Scales, Pine Bluff; Councilors, Second District—Dr. H. O. Walker, Newport; Fourth District—Dr. Wm. Breathwit, Pine Bluff; Sixth District—Dr. J. H. Weaver, Hope; Eighth District—Dr. C. P. Meriwether, Little Rock; Tenth District—Dr. F. B. Young, Springdale.

Delegate to the American Medical Association—Dr. C. C. Stephenson, Little Rock; First Alternate Delegate—Dr. G. A. Warren, Black Rock,

Ark.; Second Alternate Delegate—Dr. B. Hatchett, Fort Smith, Ark.

#### OFFICERS OF SECTIONS.

Section on Medicine. Chairman—Dr. H. H. Niehuss, Wesson; Secretary—Dr. Olive Wilson, Paragould.

Section on Surgery. Chairman—Dr. A. E. Sweatland, Little Rock; Secretary—Dr. B. F. Kirby, Harrison.

Section on Obstetrics and Gynecology. Chairman—Dr. C. S. Pettus, El Dorado; Secretary—Dr. W. F. Smith, Clarksville.

Section on Pathology. Chairman—Dr. O. K. Judd, Little Rock; Secretary—(Not elected).

Section on State Medicine and Public Hygiene. Chairman—Dr. G. M. D. Cantrell, Little Rock; Secretary—Dr. M. Fink, Helena.

Section on Diseases of Children. Chairman—Dr. J. R. Lynn, Hazen; Secretary, Dr. J. Tipton, Mountain Home.

Section on Dermatology and Syphilology. Chairman—Dr. L. R. Ellis, Hot Springs; Secretary—Dr. John S. Wood, Hot Springs.

Place of meeting, Pine Bluff, 1909.

Dr. Joseph T. Clegg, Dr. Adam Guthrie and Dr. W. W. Hippolite were the nominees for the presidency. On ballot, Dr. Clegg received 26; Dr. Guthrie 19, and Dr. Hippolite 5. Dr. Clegg receiving a majority of all the votes cast, was declared elected.

Dr. Guthrie moved that Dr. Clegg's election be made unanimous, which was carried.

In response to calls for a speech, Dr. Clegg spoke as follows:

Gentlemen of the Arkansas Medical Society:

There is a serious doubt in my mind that you have made the wisest selection in the choice of your President; there is no doubt, however, that you could not have selected one who appreciates more than I do the distinguished honor you have conferred upon me this morning.

I was at the birth of this Society. I watched it pass through its period of infancy; saw it assume its babyhood toddle and grow up through childhood to youth and to the age it has at present attained. I desire to see it become full-grown and ripe and possess that strength and power to make it a giant amongst medical organizations. To accomplish this, the President must have your undivided support and influence, as should the Presidents who will follow me.

Not only should you heartily give your support to your President, but there should be a hearty co-operation among the members of the Society to assist in making it more useful, to make it a great educational institution, and by the diffusion of the necessities of the profession, make them

known to the public. Without the moral support of the public, we can never reach the fullest capacity for good and power.

I hope, gentlemen, you will give me your support during my tenure as President, and I assure you that I will endeavor to be just; and the errors I may make will be errors of judgment and not of intent. I wish again to thank you for this great honor. (Applause).

#### RESOLUTION ON TUBERCULOSIS.

Dr. Sweatland, Chairman of the Nominating Committee, introduced the following resolution:

Whereas, Tuberculosis is exceedingly prevalent in our midst to the extent of causing the death of over three thousand human beings in the past year, and

Whereas, Scientific research has shown it to be a preventable disease, and

Whereas, The death rate in communities where co-operation of the citizens directed by the medical profession has been greatly reduced, therefore, be it

Resolved, That the President of the Arkansas Medical Society be instructed to appoint a committee of not less than five members whose duty it shall be to perfect the organization of the Arkansas association for the study and prevention of tuberculosis, to work along the general line and in co-operation with the national association for the study and prevention of tuberculosis, and of the several state organizations organized for a similar purpose.

We further recommend that the committee so appointed shall select a board of directors that shall consist of not less than twenty-five members, five of whom shall be the committee appointed at this time and of the total board, fifteen shall be members of the Arkansas Medical Society, and ten members may be chosen from the laity. In order to expedite business, we recommend that this committee select the officers of the board for the first year, or until their successors be elected.

On motion the resolution was unanimously adopted.

#### REFERENCE COMMITTEE'S REPORT ON PRESIDENT'S ADDRESS.

Dr. G. A. Warren, of Black Rock, Chairman of the Reference Committee, submitted the following report on the recommendations in the President's address:

To the President and Members of the Arkansas Medical Society:

We heartily commend what our President said on state and county organizations, restricting advertisements, medical legislation and compulsory vaccination.



As to the standard of education required of medical students for admission to medical colleges, we recommend that a committee be appointed by this Society to confer with the two medical colleges in this State, State Superintendent of Public Instruction and the President of the State University, to arrange for an Examining Board to pass on the qualifications of the applications to the medical colleges.

The proposed law restricting marriages we think ideal, but believe such a law would be impracticable.

Concerning the old State House being turned into a State Hospital, we are of the opinion that the present site is undesirable, and the building wholly unfit for an up-to-date hospital; and that the expense of remodeling would be too great for the results obtained were it on a favorable site. So we recommend that if the Legislature will provide for such an institution that it be built anew and on a favorable location. But as a hospital for the care of the tuberculous is to be asked for, we think we had better not ask for too much at one time.

We heartily approve the restricting of advertisements and request that this be referred to a Committee on Publication with instructions to confer with the State Press Association. As to the Visiting Board to the medical colleges, we concur. We question the wisdom of offering medals, but advise the appointment of a Board of Visitors to the two medical colleges in the State.

Respectfully submitted,

G. A. WARREN, Chairman.

L. R. ELLIS.

H. H. NIEHUSS.

On motion of Dr. F. B. Young, the report was adopted.

Dr. St. Cloud Cooper:—I think the President mentioned something about the mad-stone in his address. I noticed in a morning paper that all the members of a family, supposed to have been bitten by a mad dog, were taken up to a mad-stone in Searcy. The newspaper gives this a very prominent place, too. I think the committee has not done its duty until it says something about the mad-stone.

Dr. Moulton, Fort Smith:—Dr. Cooper's remarks have brought to my mind a point I believe ought to be decided, and which can be done by motion. I move that the Secretary of this Society be instructed to confer with the Attorney General of the State to ascertain whether or not these men who apply the mad-stone can be prosecuted for practicing medicine without a license. Seconded.

Dr. Warren, Black Rock:—I do not want to say anything in opposition to the motion, but the superstition that exists in our country about the mad-stone is not limited to the negro. If you ease the mind, you relieve the body in many instances. If we were to take action, there would be a universal howl aroused. Whether the mad-stone does any good or not, it does no harm; and if it relieves the mind of the patient, I feel like letting him go, because he is going to do something or going to make some kind of an effort to get cured. The popular thing to do would be to do nothing, even if we could prosecute them. I believe it would be a step in the wrong direction.

Dr. Thibault:—Dr. Warren has raised a very nice question for physicians; whether it is better for this Society to allow patients, granting that they have been bitten by a rabid dog, to labor under the belief that they are getting treatment when they apply the mad-stone, or to raise this hell, stand the consequences of it, and gradually educate the people up to the fact that they are sacrificing their lives when they trust to the mad-stone for relief. Which is the better way: to be on the popular side, which is death to the patient, provided he is infected and depends upon this for relief, or to be on the unpopular side and know that possibly if you don't save but one or two out of the State you have at least done that which is right?

Dr. Adam Guthrie:—I don't believe that anybody thinks any less of the mad-stone than I do. The objections raised, that if the application of it does no good, it does no harm, and that it eases the mind, might be the cause of the death of many by getting the mind easy and resting the body until it was too late to treat the case.

As to prosecuting these people, I don't believe that we could successfully prosecute them under the law unless a fee was accepted. If a fee were accepted for its application, perhaps the court would decide that the operator was practicing medicine and could be punished. I think the best thing we could do would be to say: "It is the sense of this Society that we deprecate the use of the mad-stone; that we warn the public against the dangers of relying on its virtues for cure; and that the most dire results may follow a neglect of the proper treatment." I think that is the best attitude for us to take in the matter.

Dr. Moulton:—It would do no harm for us to know whether or not, in the opinion of the Attorney General, the application of the mad-stone is practicing medicine without a license. We might not need to go ahead with prosecutions, but every one of us admits that the patient who

relies upon the mad-stone is doing himself harm ignorantly, and ought to be protected.

The motion carried.

#### RESOLUTION OF THANKS.

Dr. H. Moulton, of Fort Smith, introduced the following resolution which was unanimously adopted by a rising vote:

"Resolved, That the members of the Arkansas Medical Society are deeply sensible of the many courtesies and open hospitality extended them by the citizens of Little Rock, the Pulaski County Medical Society, and the Little Rock Board of Trade; and that our thanks be officially transmitted to them by the Secretary."

#### CONGRATULATIONS FROM DR. MACCAMMON.

The Secretary read the following telegram from Dr. Vernon MacCammon, of Arkansas City, who was denied the privilege of attending the meeting on account of being a delegate to the Deep Water Convention, in session in Washington:

"Washington, D. C.

"To the President and Members of the Arkansas Medical Society:

"Congratulations and best wishes for a successful meeting of the thirty-second annual session of the Arkansas Medical Society."

#### DR. DAVIS' DISAPPOINTMENT.

The Secretary announced that he was just in receipt of a communication from Dr. N. S. Davis, who was to be the guest of the Society, informing him of the continued illness of his mother, and he would have to forego the pleasure of his contemplated visit. A later message from Dr. Davis, announced the death of his mother, and a resolution of sympathy was introduced and adopted.

#### HONORARY MEMBERSHIP FOR DR. PRICE.

A motion was made to elect Dr. Joseph Price, of Philadelphia, an honorary member of the Society, but after considerable discussion, participated in by Drs. Meriwether, Sweatland, Guthrie, Thibault, Warren and Ellis, the President ruled it out of order on constitutional grounds, but suggested that he be made an honorary member of some component society so as to comply with the constitutional requirements.

On motion the House of Delegates adjourned until 1:30 p. m.

#### AFTERNOON SESSION.

The House of Delegates was called to order at 1:30 by President Clegg.

Dr. Adam Guthrie: If I am in order, I move that the House of Delegates resolve itself

into districts and select list of names to be furnished the Governor from which to make appointments on the Examining Board in case of death or failure of those now acting.

President Stephenson:—I think the President should appoint a committee of three to make out a list and return it to the House of Delegates. This would expedite the matter. Carried.

Dr. Stephenson, Dr. St. Cloud Cooper and Dr. J. W. Scales were appointed on the committee, and furnished the following list of names:

First Congressional District—Dr. Oleander Howton and Dr. O. L. Williamson.

Second Congressional District—Dr. W. B. Lawrence and Dr. W. W. Hippolite.

Third Congressional District—Dr. C. M. Routh and Dr. T. J. Tipton.

Fourth Congressional District—Dr. J. G. Eberle and Dr. F. F. Rothwell.

Fifth Congressional District—Dr. B. C. Logan and Dr. Thomas Douglass.

Sixth Congressional District—Dr. W. M. McCray and Dr. J. W. Withers.

Seventh Congressional District—Dr. H. Longino. (Dr. Garrett is already on the list.)

Dr. Thibault: I move that we adopt the report as the official list to be certified to the Governor. Carried.

#### SUPPLEMENTAL REPORT OF REFERENCE COMMITTEE ON PRESIDENT'S ADDRESS.

Dr. Warren: The Reference Committee, after due deliberation, and getting more light on the subject concerning that part of the President's address relative to the conversion of the State House into a State Charity Hospital desires to amend the report which touches this subject, and to incorporate instead the following resolution:

That the committee favorably and strongly recommends the appointment of a committee to secure and urge the legislature to make an appropriation to utilize the old historic State House for a State Hospital for the care of charity patients, with the establishment of a State Biological and Pathological Department.

In view of the fact that we probably can not do any better, and the old property will have to be disposed of in the near future, we recommend that the Arkansas State Medical Society take favorable action in the movement and lend all of its efforts to secure it as a hospital. The State House and grounds are to be disposed of. By making a concentrated effort we probably can succeed. If we do not do it and let it pass to some other use, the hope of getting a hospital in the near future is gone.

It is in the heart of the city, and the Legislature would not consider it for a moment as a sani-



tarium for tuberculous subjects. We recommend that a committee be appointed to confer with the authorities and the Legislature, to try and secure the conversion of this building into a State Hospital. We especially commend that part of the report which proposes the establishment of the office of State Biologist and Pathologist.

Dr. Thibault: Having voted in the affirmative on adopting the report, I move a reconsideration of the vote by which it was adopted, and the adoption of the substitute motion and the recommendations just made by Dr. Warren. Seconded, and carried.

Dr. Stephenson: I thank the House of Delegates, for this action. The movement to get a State Charity Hospital is a pet scheme of mine; it has been nearer to my heart than anything else concerning the welfare of organized medicine in the State of Arkansas. We have a good chance to secure this old historical building and use it for humanitarian purposes. This is not a jumped-up proposition; it is of mature deliberation. I can assure you from what the architects say who have made investigations for me, that after the ceiling, floors, windows, doors and stairways are taken out and new ones put in, and new plastering, the building can be made sanitary. There are two propositions now before the people: either to preserve it for historical or museum purposes; or to use it for hospital purposes. I believe the Federation of Women's Clubs will get behind this movement as soon as it is brought to their attention. You know just as well as I do that if the State of Arkansas will not appropriate money enough to buy postage stamps for the State Board of Health, they will not appropriate \$100,000 for a new hospital. Now, we have the ground and the old building. I think if the movement succeeds it will be a step in advance of anything that Arkansas has done in many years. (Applause.)

CONGRATULATORY MESSAGE FROM THE  
ARKANSAS ASSOCIATION OF  
PHARMACISTS.

Dr. John B. Bond, Sr., on behalf of the Arkansas Pharmacal Association was introduced, and presented the following communication:

To the President and Members of the State Medical Society:

Honored Sirs:—The undersigned committee from the ARKANSAS ASSOCIATION OF PHARMACISTS, is charged with the very pleasant duty of conveying to your honorable body the hearty congratulations of our Association upon the rapid and healthy growth of your great Society.

Our Association views with justifiable pride the great strides your Society has made in scientific research, and in everything that goes to make

up a valuable and potential factor in the noblest branch of human endeavor.

We congratulate you most sincerely upon the high standard to which you have elevated organized medicine in Arkansas.

We feel well assured that your honorable body will be glad to know, that in the more humble sphere occupied by the Arkansas Association of Pharmacists, much progress has come to us. Our annual conventions have steadily increased in numbers and in interest.

We are now enjoying the largest and most enthusiastic meeting we ever had, and we entertain the hope that much good to Pharmacy and to the State will come from our labors.

Thanking you in the name of our Association, for the many acts of courtesy extended to us in past years by your officers and representatives, we tender to you the hearty felicitations of THE ARKANSAS ASSOCIATION OF PHARMACISTS.

With sentiments of profound respect and esteem, by the undersigned personally, we are,

Very truly and fraternally, yours,

JOHN B. BOND, SR.,  
W. L. DEWOODY,  
W. H. SKINNER,  
E. H. WINKLER, M. D.

GREETINGS RETURNED.

On motion, a committee consisting of Drs. Warren and Ellis was appointed to draft a suitable reply to these felicitations, and present the same to the Arkansas Pharmacal Association.

To the Members of the Arkansas Association of Pharmacists:

The Arkansas Medical Society returns greetings, and we assure you that the communication to our assembly by your Committee was highly appreciated, more than we shall be able to express by words, yet we wish to convey to your body the high regard in which we hold you and the brotherly feeling we have for you. We realize that individually we can do little, but collectively we may do more, and with your associated co-operation we may do much for the bettering of mankind in general and Arkansas citizenship in particular.

We beg you to be ever patient with our shortcomings and assure you that we shall appreciate any aid or effort from you as a body or as individuals. We heartily thank you for your greetings and assure you that the sentiment we return is strong, though our words may feebly convey it. We hope that your Association may continue to flourish and that each year your meetings so far surpass the last as the meeting of 1908 has surpassed the one preceding it. Accept this as our

sincere feelings and expression of the true regard for your organization by the Arkansas Medical Society.

G. A. WARREN,  
L. R. ELLIS,  
Committee.

#### A VOTE OF THANKS FOR THE RETIRING PRESIDENT.

Dr. Adam Guthrie, Prescott, introduced the following resolution which was unanimously adopted by a rising vote:

Resolved, That it is the sense of the members of the House of Delegates, that Dr. Stephenson has presided over the deliberations of this body with uniform fairness and ability, and the thanks of the Society be extended to him for the splendid services he has rendered organized medicine in this State during his incumbency as President.

Dr. Stephenson thanked the Society for the expression of confidence.

On motion, the House adjourned sine die.

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#### DISTRICT AND COUNTY SOCIETIES.

**Johnson County Medical Society.**—The Johnson County Medical Society held its regular monthly meeting in the office of Dr. L. A. Cook, secretary, at Clarksville, June 1. The following members were present: Drs. W. F. Smith, president; C. S. Allen, vice-president; L. A. Cook, secretary; W. R. Hunt, J. S. Kolb, T. B. Blakely, A. B. Carey and Earl Hunt.

Dr. W. R. Hunt read a paper on "The Repair of Lacerated Perineum," which was discussed by the members present.

Dr. W. F. Smith reported a case of "Extra-uterine Pregnancy of Fourteen Months' Standing." The case was operated on ten days ago and the patient seems to be making an uneventful recovery.

Dr. A. B. Carey was appointed as the essayist for the next meeting. Subject: "Typhoid Fever." Discussion to be opened by Dr. T. B. Blagely.

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#### Book Reviews

**Modern Medicine. Its Theory and Practice.** In original Contributions by American and Foreign authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore;

in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor in Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages, each illustrated. Volume IV just ready. Price per volume: cloth, \$6.00 net; leather, \$7.00 net; half morocco, \$7.50 net. Lea & Febiger, Publishers. Philadelphia and New York, 1908.

In a work of this magnitude, it is conceded that only the best authorities would be capable of handling a given subject, so as to make it presentable to the medical profession in an acceptable form, and to find such men would imply through necessity, that the world would have to be searched for authors, regardless of nationality. The purpose of MODERN MEDICINE is to give to the medical profession, the best there is on every subject in the practice of medicine, in a form so complete, and exhaustive, that the physician would have a complete library within itself. The idea being so as to arrange as to afford everything in groupings that all that is known may be found in a single volume, bearing on this group of conditions. The fourth volume, just from the press, accordingly comprises all Diseases of the Circulatory System and of the Blood, including the Spleen, Thymus and Lymph-Glands. These being the fundamental principles that govern, it can be safely said, that the list of authors are men of recognized ability, the world over, and as a leading authority on the various subjects assigned to each contributor to treat. In its pages the physician can post himself on the methods and treatment developed by the most successful men in the world. Against such knowledge a man practicing on past ideas, or individual experience is certainly handicapped. To have the best equipment is compulsory in the long run, and the one who recognizes this fact, will be the winner in the end, and must acknowledge the value of such aids as MODERN MEDICINE, which means gains both in knowledge and time. When the seven volumes are complete (the other three being in preparation) it can be pointed to with pardonable pride, that we have the greatest work in "MODERN MEDICINE," from the greatest thinkers in the world. It is a tribute to Dr. Osler's magnificent skill, to manage the classifications, and divisions of the subjects in this work, with the nicety that is apparent. This work should be in the library of every practitioner who practices the healing art.

C. C. STEPHENSON.



## OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1908-1909

NEXT ANNUAL SESSION, ATLANTIC CITY, N. J.

**President**—Herbert L. Burrell, Boston, Mass.  
**President-Elect**—William C. Gorgas, Ancon, Panama.  
**First Vice-President**—T. J. Murray, Butte, Mont.  
**Second Vice-President**—J. A. Hatchett, El Reno, Okla.  
**Third Vice-President**—T. A. Woodruff, Chicago, Ill.  
**Fourth Vice-President**—E. N. Hall, Woodburn, Ky.  
**General Secretary**—George H. Simmons, Chicago, Ill.  
**Treasurer**—Frank Billings, Chicago, Ill.  
**Board of Trustees**—William H. Welch, Chairman, Baltimore, 1909; Miles F. Porter, Ft. Wayne, Ind., 1909; M. L. Harris, Secretary, Chicago, 1909; T. J. Happel, Trenton, Tenn., 1910; W. W. Grant, Vice-Chairman, Denver, Colo., 1910; Philip Marvel, Atlantic City, N. J., 1910; Wisner R. Townsend, New York, 1911; Philip Mills Jones, San Francisco, 1911; W. T. Sarles, Sparta, Wis., 1911.  
**Judicial Council**—C. E. Cantrell, Chairman, Greenville, Texas; J. F. Percy, Galesburg, Ill.; George Dock, Ann Arbor, Mich.; H. L. Alkire, Topeka, Kans.; Chas. J. Kipp, Newark, N. J.

**Council on Medical Education**—Arthur D. Bevan, Chairman, Chicago, 1909; W. T. Councilman, Boston, 1910; James W. Holland, Philadelphia, 1912; Victor C. Vaughan, Ann Arbor, Mich., 1913; J. A. Witherspoon, Nashville, Tenn., 1911.

**Council on Pharmacy and Chemistry**—C. S. N. Hallberg, Chicago, 1909; L. F. Kebler, Washington, D. C., 1909; J. O. Schlotterbeck, Ann Arbor, Mich., 1909; F. G. Novy, Ann Arbor, Mich., 1910; George H. Simmons, Chairman, Chicago, 1910; H. W. Wiley, Washington, D. C., 1910; Otto Folin, Boston, Mass., 1911; Torald Sollmann, Cleveland, 1911; M. I. Wilbert, Philadelphia, 1911; Reid Hunt, Washington, D. C., 1912; J. H. Long, Chicago, 1912; Julius Stieglitz, Chicago, 1912; J. A. Capps, Chicago, 1913; David L. Edsall, Philadelphia, 1913; R. A. Hatcher, New York City, 1913; W. A. Puckner, Secretary, Chicago.

**Committee on Medical Legislation**—Chas. A. L. Reed, Chairman, Cincinnati, 1909; Charles Harrington, Boston, 1911; C. S. Bacon, Chicago, 1910.

## OFFICERS OF THE ARKANSAS MEDICAL SOCIETY, 1908-1909

Next Annual Meeting, Pine Bluff, May, 1909.

**President**—Joseph T. Clegg, Siloam Springs.  
**First Vice-President**—E. K. Williams, Arkadelphia.  
**Second Vice-President**—L. H. Hall, Pocahontas.  
**Third Vice-President**—B. D. Luck, Pine Bluff.  
**Treasurer**—J. W. Scales, Pine Bluff.  
**Secretary**—Morgan Smith, Little Rock.

### COUNCILORS.

**First District**—W. E. Hughes, Walnut Ridge.  
**Second District**—H. O. Walker, Newport.  
**Third District**—W. H. Deadrick, Marianna.  
**Fourth District**—William Breathwit, Pine Bluff.  
**Fifth District**—J. T. Henry, Eagle Mills.  
**Sixth District**—J. H. Weaver, Hope.  
**Seventh District**—J. C. Wallace, Arkadelphia.  
**Eighth District**—C. P. Meriwether, Little Rock.  
**Ninth District**—Sam G. Daniels, Marshall.  
**Tenth District**—F. B. Young, Springdale.

### DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

C. C. Stephenson, Little Rock.

#### Alternate.

G. A. Warren, Black Rock.

### OFFICERS OF SECTIONS.

**Medicine**—Dr. H. H. Niehuss, Chairman, Wesson; Dr. Olive Wilson, Secretary, Paragould.

**Surgery**—Dr. A. E. Sweatland, chairman, Little Rock; Dr. B. F. Kirby, Secretary, Harrison.

**Obstetrics and Gynecology**—Dr. C. S. Pettus, Chairman, El Dorado; Dr. W. F. Smith, Secretary, Clarksville.

**Pathology**—Dr. O. K. Judd, Chairman, Little Rock; Secretary (not elected).

**State Medicine and Public Hygiene**—Dr. G. M. D. Cantrell, Chairman, Little Rock; Dr. M. Fink, Secretary, Helena.

**Diseases of Children**—Dr. J. R. Lynn, Chairman, Hazen; Dr. J. Tipton, Secretary, Mountain Home.

**Dermatology and Syphilology**—Dr. L. R. Ellis, Chairman, Hot Springs; Dr. John S. Wood, Secretary, Hot Springs.

### COUNCILOR DISTRICTS AND COUNCILORS

1908-9

**First Councilor District**—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor: J. E. Hughes, Walnut Ridge. Term of office expires 1909.

**Second Councilor District**—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor: H. O. Walker, Newport. Term of office expires 1910.

**Third Councilor District**—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor: W. H. Deadrick, Marianna. Term of office expires 1909.

**Fourth Councilor District**—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor: William Breathwit, Pine Bluff. Term of office expires 1910.

**Fifth Councilor District**—Calhoun, Columbia, Dallas, Lafayette, Ouachita, and Union counties. Councilor: J. T. Henry, Eagle Mills. Term of office expires 1909.

**Sixth Councilor District**—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor: J. H. Weaver, Hope. Term of office expires 1910.

**Seventh Councilor District**—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant counties. Councilor: J. C. Wallis, Arkadelphia. Term of office expires 1909.

**Eighth Councilor District**—Conway, Johnston, Faulkner, Perry, Pulaski and Yell counties. Councilor: C. P. Meriwether, Little Rock. Term of office expires 1910.

**Ninth Councilor District**—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor: Sam G. Daniels, Marshall. Term of office expires 1909.

**Tenth Councilor District**—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington counties. Councilor: F. B. Young, Springdale. Term of office expires 1910.

#### COMMITTEES 1908-1909.

**Board of Visitors to the University of Arkansas, Medical Department, and the College of Physicians and Surgeons**—F. W. Jelks, Hot Springs; L. Kirby, Harrison; H. C. Stinson, Little Rock; G. W. Hudson, Camden; B. D. Luck, Pine Bluff.

**Committee on State Legislation and Public Policy**—St. Cloud Cooper, Fort Smith; G. S. Brown, Conway; J. T. Henry, Eagle Mills.

**Committee on Scientific Work**—S. S. Stewart, M. D., Little Rock; W. A. Snodgrass, M. D., Little Rock; Morgan Smith, M. D., Little Rock.

#### STATE BOARD OF MEDICAL EXAMINERS

First District—M. Fink, M. D., Helena.

Second District—F. T. Murphy, M. D., Secretary, Brinkley.

Third District—G. V. Poynor, M. D., Green Forrest.

Fourth District—M. L. Norwood, M. D., Lockesburg.

Fifth District—Geo. S. Brown, M. D., Conway.

Sixth District—Vernon MacCammon, M. D., Arkansas City.

Seventh District—J. C. Wallis, Arkadelphia.

## OFFICERS OF COMPONENT SOCIETIES

| County Society.          | President              | Address              | Secretary             | Address              | Members. |
|--------------------------|------------------------|----------------------|-----------------------|----------------------|----------|
| Arkansas.....            | C. W. Rascoe.....      | DeWitt.....          | W. W. Lowe.....       | Gillett.....         | 9        |
| Ashley.....              | J. W. Simpson.....     | Hamburg.....         | E. M. Scott.....      | Hamburg.....         | 15       |
| Baxter.....              | J. A. Hipp.....        | Buford.....          | J. J. Morrow.....     | Cotter.....          | 6        |
| Benton.....              | J. L. Clemmer.....     | Springtown.....      | J. H. Beard.....      | Gentry.....          | 26       |
| Boone.....               | Schwartz Baines.....   | Bergman.....         | L. Kirby.....         | Harrison.....        | 16       |
| Bradley.....             | W. F. Fike.....        | Warren.....          | W. E. Womack.....     | Hermitage.....       | 13       |
| Calhoun.....             | D. F. Wilson.....      | Hampton.....         | T. E. Rhine.....      | Thornton.....        | 4        |
| Carroll.....             | Henry Pace.....        | Eureka Springs.....  | V. F. Lassagne.....   | Eureka Springs.....  | 12       |
| Chicot.....              | W. M. Norton.....      | Sunnyside.....       | E. P. McGhee.....     | Lake Village.....    | 6        |
| Clay.....                | A. R. Simpson.....     | Corning.....         | N. J. Latimer.....    | Corning.....         | 11       |
| Clark.....               | Don Smith.....         | Gurdon.....          | J. H. Cuffman.....    | Gurdon.....          | 12       |
| Cleveland.....           | Charles Leall.....     | Kingsland.....       | J. F. Crump.....      | Rison.....           | 10       |
| Columbia.....            | J. T. Vaughn.....      | Emerson.....         | C. D. Stevens.....    | Magnolia.....        | 11       |
| Conway.....              | B. C. Logan.....       | Morrilton.....       | G. W. Ringgold.....   | Morrilton.....       | 13       |
| Craighead.....           | H. A. Stroud.....      | Jonesboro.....       | G. Waddell.....       | Jonesboro.....       | 22       |
| Crawford.....            | J. F. Wood.....        | Uniontown.....       | C. J. Campbell.....   | Mulberry.....        | 15       |
| Desha.....               | Vernon MacCammon.....  | Arkansas City.....   | S. D. Wheat.....      | McGehee.....         | 4        |
| Drew.....                | A. S. J. Collins.....  | Monticello.....      | E. R. Cotham.....     | Monticello.....      | 13       |
| Faulkner.....            | Geo. S. Brown.....     | Conway.....          | I. N. McCollum.....   | Conway.....          | 15       |
| Franklin.....            | W. W. Rambo.....       | Alston.....          | Thos. Douglass.....   | Ozark.....           | 17       |
| Grant.....               | J. B. Shaw.....        | Sheridan.....        | J. L. Butler.....     | Sheridan.....        | 2        |
| Greene.....              | M. C. Graham.....      | Gainesville.....     | Olive Wilson.....     | Paragould.....       | 13       |
| Hempstead.....           | J. H. Weaver.....      | Hope.....            | W. A. Briant.....     | Hope.....            | 11       |
| Hot Springs-Garland..... | W. V. Laws.....        | Hot Springs.....     | M. F. Mount.....      | Hot Springs.....     | 60       |
| Hot Springs.....         | W. A. Carroll.....     | Saginaw.....         | R. N. Donnell.....    | Malvern.....         | 9        |
| Howard-Pike.....         | J. M. Rivers.....      | Mineral Springs..... | W. H. Toland.....     | Mineral Springs..... | 12       |
| Independence.....        | R. C. Dorr.....        | Batesville.....      | W. B. Lawrence.....   | Batesville.....      | 16       |
| Jackson.....             | G. K. Stephens.....    | Newport.....         | O. A. Jamison.....    | Tuckerman.....       | 14       |
| Jefferson.....           | William Crutcher.....  | Pine Bluff.....      | C. A. Glover.....     | Pine Bluff.....      | 29       |
| Johnson.....             | W. F. Smith.....       | Clarksville.....     | L. A. Cook.....       | Clarksville.....     | 23       |
| Lafayette.....           | D. W. Bright.....      | Lewisville.....      | F. W. Youmans.....    | Lewisville.....      | 10       |
| Lawrence.....            | A. L. Peacock.....     | Lynn.....            | H. R. McCarroll.....  | Walnut Ridge.....    | 19       |
| Lee.....                 | C. W. Chaffin.....     | Moro.....            | O. L. Williamson..... | Marianna.....        | 14       |
| Little River.....        | W. L. Shirey.....      | Foreman.....         | W. E. Vaughn.....     | Richmond.....        | 6        |
| Lincoln.....             | J. F. Jones.....       | Grady.....           | B. F. Tarver.....     | Star City.....       | 9        |
| Lonoke.....              | W. S. Turner.....      | Blakemore.....       | O. D. Ward.....       | England.....         | 20       |
| Logan.....               | A. R. Hedderick.....   | Booneville.....      | J. S. Shibley.....    | Paris.....           | 14       |
| Marion.....              | J. I. Thompson.....    | Yellville.....       | L. M. West.....       | Yellville.....       | 3        |
| Miller.....              | E. L. Beck.....        | Texarkana.....       | R. H. T. Mann.....    | Texarkana.....       | 15       |
| Mississippi.....         | O. Howton.....         | Osceola.....         | Thos. G. Brewer.....  | Osceola.....         | 26       |
| Monroe.....              | T. J. Stout.....       | Brinkley.....        | R. L. Saxon.....      | Holly Grove.....     | 14       |
| Quachita.....            | W. L. Newton.....      | Camden.....          | J. S. Rinehart.....   | Camden.....          | 20       |
| Perry.....               | M. E. Howard.....      | Perryville.....      | W. S. Blackwell.....  | Fourche.....         | 2        |
| Phillips.....            | M. Fink.....           | Helena.....          | W. C. King.....       | Helena.....          | 18       |
| Pope.....                | J. M. Campbell.....    | Russellville.....    | L. Gaddy.....         | Atkins.....          | 8        |
| Polk.....                | W. P. Parks.....       | Mena.....            | F. A. Lee.....        | Mena.....            | 6        |
| Prairie.....             | James Parker.....      | DeVall's Bluff.....  | J. R. Lynn.....       | Hazen.....           | 7        |
| Pulaski.....             | John R. Dibrell.....   | Little Rock.....     | J. G. Watkins.....    | Little Rock.....     | 64       |
| Randolph.....            | H. L. Throgmorton..... | Pocahontas.....      | W. E. Hughes.....     | Pocahontas.....      | 16       |
| Saline.....              | C. J. Steed.....       | Hurricane.....       | J. M. Phillips.....   | Benton.....          | 8        |
| Searcy.....              | S. G. Daniel.....      | Marshall.....        | J. E. Reece.....      | Marshall.....        | 9        |
| Sebastian.....           | H. Moulton.....        | Fort Smith.....      | Chas. S. Holt.....    | Fort Smith.....      | 26       |
| Sevier.....              |                        |                      | R. L. Hopkins.....    | DeQueen.....         | 14       |
| Sharp.....               | Thos. J. Woods.....    | Evening Shade.....   | W. E. Pounders.....   | Sydney.....          | 7        |
| St. Francis.....         | L. H. Merritt.....     | Forrest City.....    | J. H. Bogart.....     | Forrest City.....    | 11       |
| Union.....               | L. L. Purify.....      | El Dorado.....       | J. M. Sheppard.....   | El Dorado.....       | 28       |
| Washington.....          | O. Christian.....      | Elkins.....          | I. R. Southworth..... | Fayetteville.....    | 18       |
| White-Cleburne.....      | J. J. Moncrief.....    | Beebe.....           | S. T. Tapscott.....   | Searcy.....          | 15       |
| Woodruff.....            | R. Q. Patterson.....   | Augusta.....         | T. B. Bradford.....   | Cotton Plant.....    | 13       |
| Yell.....                | M. A. Worsham.....     | Centerville.....     | A. H. McKenzie.....   | Dardanelle.....      | 14       |

Total membership .....894



## Members of the Component Societies of the Arkansas Medical Society, June 1909.

**Arkansas County.**

Bunn, A. D. .... Humphrey  
 Lowe, A. M. .... Gillett  
 Lowe, W. W. .... Gillett  
 Moorhead, W. H. .... Stuttgart  
 Morphew, L. H. .... Stuttgart  
 Rascoe, C. W. .... De Witt  
 Winkler, E. H. .... De Witt  
 Park, C. E. .... De Witt  
 Fowler, Arthur .... Humphrey

**Ashley County.**

Baker, J. P. .... M. orrell  
 Cockerman, H. E. .... Portland  
 Cone, A. E. .... Portland  
 George, B. F. .... Parkdale  
 Hawkins, M. C. .... Parkdale  
 Hanson, C. P. .... Berea  
 Knott, J. D. .... Wilmot  
 Norman, W. S. .... Hamburg  
 Simpson, J. W. .... Hamburg  
 Scott, E. M. .... Hamburg  
 Spencer, S. J. .... White  
 Sparks, J. E. .... Crossett  
 Williams, R. G. .... Parkdale  
 Crow, L. M. .... Crossett  
 Taylor, I. S. .... Crossett

**Baxter County.**

Tipton, J. T. .... Mountain Home  
 Hipp, J. A. .... Buford  
 Morrow, J. J. .... Cotter  
 Smith, H. H. .... Calico Rock  
 Karrs, M. L. .... Mountain Home  
 Roe, J. B. .... Calico Rock

**Benton County.**

Beard, J. H. .... Gentry  
 Clegg, J. T. .... Siloam Springs  
 Cargile, C. H. .... Bentonville  
 Chambers, D. P. .... Highfill  
 Clemmer, J. L. .... Springtown  
 Eubanks, F. G. .... Decatur  
 Furgus, J. A. .... Elm Springs  
 Green, L. O. .... Pea Ridge  
 Horton, C. W. .... Hiwassa  
 Hurley, T. W. .... Bentonville  
 Hurley, C. E. .... Bentonville  
 Hughes, G. A. .... Gravett  
 Highfill, E. J. .... Osage Mills  
 Lindsey, J. H. .... Bentonville  
 Powell, T. J. .... Maysville  
 Pickens, E. E. .... Rogers  
 Rice, T. M. .... Rogers  
 Rice, C. A. .... Gentry  
 Rice, R. S. .... Rogers  
 Smiley, J. L. .... Bentonville  
 Thomason, H. E. .... Siloam Springs  
 Whitcomb, A. L. .... Rogers  
 Webster, J. W. .... Siloam Springs  
 Jackson, L. T. .... Gravett  
 Mathis, J. B. .... Pea Ridge  
 Sexton, J. Z. .... Siliam Springs

**Boone County.**

Brown, W. L. .... Valley Springs  
 Bolinger, John. .... Lead Hill  
 Johnson, J. J. .... Harrison  
 Kirby, F. B. .... Harrison  
 Kirby, L. .... Harrison  
 McCurry, D. K. .... Alpena Pass  
 Potts, J. R. .... Harrison  
 Reich, J. L. .... Everton  
 Routh, Chas. M. .... Batavia  
 Routh, H. L. .... Batavia  
 Sims, J. L. .... Harrison  
 Vance, A. J. .... Harrison  
 Baines, Schwartz .... Bergman  
 Floyd, C. J. .... Harrison  
 Crebs, R. S. .... Olvey  
 Fowler, J. H. .... Gaither

**Bradley County.**

Porter, G. S. .... Warren  
 Caruth, O. A. .... Warren  
 Fike, W. T. .... Warren  
 Herring, S. R. .... Warren  
 Jackson, D. A. .... Johnsonville  
 Martin, C. N. .... Warren  
 Wilson, G. L. .... Hermitage  
 Wornack, W. E. .... Hermitage

Roark, W. N. .... Draper  
 Green, B. H. .... Warren  
 Hoyle, C. L. .... Warren  
 Martin, R. .... Warren  
 Crow, M. T. .... Ingalls

**Calhoun County.**

Jones, E. .... Hampton  
 Jones, E. T. .... Hampton  
 Rhine, T. E. .... Thornton  
 Wilson, D. F. .... Hampton

**Carroll County.**

Bolton, J. F. .... Eureka Springs  
 Bolton, J. E. .... Eureka Springs  
 Floyd, R. G. .... Eureka Springs  
 George, W. P. .... Berryville  
 George, Chas. .... Berryville  
 Jordan, J. D. .... Eureka Springs  
 Lassagne, V. F. .... Eureka Springs  
 Pace, Henry. .... Eureka Springs  
 Poynor, G. V. .... Green Forest  
 Davis, C. E. .... Eureka Springs  
 Morris, F. R. .... Green Forest  
 Poynor, I. N. .... Berryville

**Chicot County.**

Anderson, A. G. .... Eudora  
 Barlow, E. E. .... Dermott  
 Baker, E. .... Dermott  
 Henry, R. N. .... Lake Village  
 McGhee, E. P. .... Lake Village  
 Norton, M. M. .... Sunny Side

**Clay County.**

Cuning, I. H. .... Knobel  
 Green, T. H. .... Dumas  
 Hughey, M. C. .... Knobel  
 North, A. .... Palatka  
 Hiller, J. P. .... Pollard  
 Latimer, N. J. .... Corning  
 McKinney, A. B. .... Corning  
 Putnam, E. R. .... St. Francis  
 Simpson, A. R. .... Corning  
 Thornton, E. W. .... Piggott  
 Waddell, M. A. B. .... Success

**Clark County.**

Cuffman, J. H. .... Gurdon  
 Moore, W. M. .... Hollywood  
 McCallum, J. A. .... Arkadelphia  
 Rowland, W. T. .... Arkadelphia  
 Townsend, N. R. .... Arkadelphia  
 Townsend, C. C. .... Arkadelphia  
 Wallis, J. C. .... Arkadelphia  
 Williams, E. K. .... Arkadelphia  
 Watson, W. S. .... Amity  
 Smith, Don. .... Gurdon  
 Hardy, H. .... Stroud  
 Murray, J. Y. .... Arkadelphia

**Cleveland County.**

Crump, J. F. .... Rison  
 Hamilton, A. J. .... New Edinburg  
 Hartsell, W. L. .... Draughton  
 Leali, C. .... Kingsland  
 Robertson, A. B. .... Calmer  
 Stanfield, M. F. .... Orlando  
 Vance, J. O. .... New Edinburg  
 Wolford, W. S. .... Kingsland  
 Carter, J. D. .... Staves  
 Johnson, S. C. .... Kingsland

**Columbia County.**

Baker, J. J. .... Magnolia  
 Hawkins, J. T. .... Mt. Holly  
 Hunt, W. J. .... Macedonia  
 Longino, H. A. .... Magnolia  
 Stevens, C. D. .... Magnolia  
 Vaughan, J. T. .... Emerson  
 Walker, J. C. .... Emerson  
 Twitty, Walter. .... Emerson  
 Cooksey, W. P. .... Atlanta  
 Cannon, G. E. .... Magnolia  
 Whaley, W. T. .... McNeill

**Conway County.**

Bradley, A. R. .... Morrilton  
 Clark, C. D. .... Morrilton  
 Gordon, F. .... Morrilton  
 Goatcher, A. L. .... Plummerville  
 Horton, Neal. .... Plummerville

Hollybrook, J. F. .... Cleveland  
 Logan, B. C. .... Morrilton  
 Presley, W. L. .... Morrilton  
 Yates, Geo. .... Solgahachie  
 Ringgold, G. W. .... Morrilton  
 Steele, R. J. .... Morrilton  
 Bearden, Fred. .... Solgahachie  
 Jackson, J. H. .... Center Ridge

**Craighead County.**

Armour, C. H. .... Bono  
 Burns, J. L. .... Jonesboro  
 Campbell, G. O. .... Truman  
 Crawford, J. E. .... Bay  
 Grady, N. H. .... Monett  
 Gracy, L. F. .... Jonesboro  
 Haltom, W. C. .... Jonesboro  
 Harrison, B. L. .... Jonesboro  
 Jackson, W. W. .... Jonesboro  
 Lutterloh, C. C. .... Jonesboro  
 Nisbett, Frank. .... Brookland  
 Rains, H. L. .... Jonesboro  
 Smith, S. E. .... Nettleton  
 Stroud, H. A. .... Jonesboro  
 Walker, B. F. .... Nettleton  
 Wester, W. E. .... Nettleton  
 Heintz, L. F. .... Marion  
 McDaniels, E. C. .... Tyroneza  
 McVay, L. C. .... Marion  
 Pierce, L. H. D. .... Jonesboro  
 Pelton, D. A. .... Barnes, Mo  
 Waddell, G. .... Jonesboro

**Crawford County.**

Blakemore, J. E. .... Van Buren  
 Bourland, O. M. .... Van Buren  
 Dibrell, M. S. .... Van Buren  
 Parchman, W. L. .... Van Buren  
 Lucas, Giles. .... Van Buren  
 Mickle, F. A. .... Van Buren  
 Reves, W. R. .... Alma  
 Sharp, H. .... Alma  
 Wood, J. Frank. .... Union Town  
 Youart, J. D. .... Dyer  
 Morrow, J. H. .... Uniontown  
 Campbell, C. J. .... Mulberry  
 Galloway, Q. R. .... Alma  
 King, Edgar. .... Van Buren  
 Wilson, L. J. .... Alma

**Desha County.**

Bowles, T. H. .... Dumas  
 Wheat, S. D. .... McGhee  
 MacCammon, Vernon. .... Ark. City  
 Smith, C. P. .... Ark. City

**Drew County.**

Elanks, J. T. .... Baxter  
 Corrigan M. B. .... Hot Springs  
 Brown, W. A. .... Monticello  
 Collins, A. S. J. .... Monticello  
 Cotham, E. R. .... Monticello  
 Fletcher, G. W. .... Blissville  
 Pope, M. Y. .... Monticello  
 Robertson, S. G. .... Monticello  
 Stanley, A. C. .... Tillar  
 Smith, R. N. .... Collins  
 Tarrant, J. R. .... Monticello  
 Thompson, J. A. .... Collins  
 Harris, S. .... Wilmar

**Franklin County.**

Blackburn, E. W. .... Ozark  
 Butts, R. J. .... Altus  
 Crocker, J. T. .... Lonelom  
 Douglas, Thos. .... Ozark  
 Harrod, J. C. .... Denning  
 Rambo, W. W. .... Alston  
 Turner, H. H. .... Ozark  
 Weaver, E. R. .... Vesta  
 Williams, H. F. .... Ozark  
 Gibbons, W. H. .... Webb City  
 Prewitt, T. J. .... Denning  
 Hudson, K. E. .... Charleston  
 King, W. J. .... Peterpinder  
 Bennefield, C. E. .... Charleston  
 Hudson, E. M. .... Charleston

**Faulkner County.**

Brown, G. S. .... Conway  
 Brown, J. F. .... Conway

Blakely, G. W. .... Gleason  
 Clark, W. I. .... Enders  
 Dickerson, G. D. .... Conway  
 DeJarnett, J. W. .... Guy  
 Greenley, D. R. B. .... Mayflower  
 Greeson, W. R. .... Conway  
 Munn, J. B. .... Vilonia  
 McMahan, J. E. .... Kendall  
 McCollum, I. N. .... Conway  
 Matthews, J. H. .... Lollie  
 Kitcherson, F. G. .... Heber  
 Westerfield, J. S. .... Conway  
 Mabry, Thos. .... Holland  
 Downs, Joseph H. .... Vilonia  
 Henderson, G. L. .... Greenbrier

#### Grant County.

Butler, J. L. .... Sheridan  
 Shaw, J. B. .... Sheridan

#### Greene County.

Bradsher, R. E. .... Marmaduke  
 Cothren, Thad. .... Walcott  
 Lamb, James .... Beech Grove  
 Dickson, A. G. .... Paragould  
 Dickson, H. N. .... Paragould  
 Hopkins, G. T. .... Paragould  
 Haley, R. J. .... Paragould  
 Johnson, J. W. .... Paragould  
 Owens, W. R. .... Paragould  
 Wilson, Olive .... Paragould  
 Graham, M. C. .... Gainesville  
 Kennedy, E. L. .... Marmaduke  
 Scott, F. M. .... Paragould

#### Hot Springs-Garland.

Barry, L. H. .... Hot Springs  
 Bunch, W. J. .... Hot Springs  
 Barry, W. H. .... Hot Springs  
 Burton, O. H. .... Hot Springs  
 Biggs, E. L. .... Hot Springs  
 Brunson, R. .... Hot Springs  
 Bush, W. J. .... Hot Springs  
 Collins, H. P. .... Hot Springs  
 Collins, S. P. .... Hot Springs  
 Dake, Chas. .... Hot Springs  
 Dake, Frank .... Hot Springs  
 Dimon, R. B. .... Hot Springs  
 Drennen, C. T. .... Hot Springs  
 Davis, R. G. .... Hot Springs  
 Ellis, L. R. .... Hot Springs  
 Ellsworth, E. H. .... Hot Springs  
 Eastman, E. H. .... Hot Springs  
 Garnett, A. S. .... Hot Springs  
 Greenway, G. C. .... Hot Springs  
 Hanall, M. L. .... Hot Springs  
 Hay, E. C. .... Hot Springs  
 Herbert, G. A. .... Hot Springs  
 Holland, T. E. .... Hot Springs  
 Horner, J. S. .... Hot Springs  
 Jelks, F. W. .... Hot Springs  
 Jelks, Jas. T. .... Hot Springs  
 King, J. H. C. .... Hot Springs  
 Laws, W. V. .... Hot Springs  
 Mount, M. F. .... Hot Springs  
 Martin, E. H. .... Hot Springs  
 Minor, J. C. .... Hot Springs  
 McConnell, C. A. .... Hot Springs  
 McClendon, J. W. .... Hot Springs  
 Merritt, J. F. .... Hot Springs  
 Parker, W. E. .... Hot Springs  
 Rowland, J. F. .... Hot Springs  
 Robertson, J. A. .... Hot Springs  
 Short, Z. N. .... Hot Springs  
 Smith, J. W. .... Hot Springs  
 Steele, S. B. .... Hot Springs  
 Shaw, A. D. .... Hot Springs  
 Shaw, J. B. .... Hot Springs  
 Thompson, M. G. .... Hot Springs  
 Tribble, A. H. .... Hot Springs  
 Vaughan, P. T. .... Hot Springs  
 Warren, E. M. .... Hot Springs  
 Wootten, W. T. .... Hot Springs  
 Williams, A. U. .... Hot Springs  
 Welmer, R. .... Hot Springs  
 Winegar, E. F. .... Hot Springs  
 Johns, P. W. .... Hot Springs  
 Reamy, S. .... Hot Springs  
 Sanders, T. E. .... Hot Springs  
 Wood, J. S. .... Hot Springs  
 Williams, F. M. .... Hot Springs  
 Forbes, W. O. .... Hot Springs  
 Proctor, J. M. .... Hot Springs  
 Randolph, J. R. .... Hot Springs  
 Connell, W. H. .... Hot Springs  
 Cowle, Fannie W. .... Hot Springs

#### Hot Spring County.

Bramlett, E. T. .... Malvern  
 Carroll, W. A. .... Saginaw  
 Cox, J. A. .... Donaldson  
 McCray, E. H. .... Malvern  
 Phillips, R. Y. .... Malvern  
 Williams, J. M. .... Malvern  
 Bonnell, R. W. .... Malvern  
 Hazlewood, Fred .... Malvern  
 Byrd, J. M. .... Opa

#### Hempstead County.

Autry, J. R. .... Columbus  
 B'Shears, H. L. .... Fulton  
 Briant, W. A. .... Hope  
 Saner, W. F. .... Little Rock  
 Darnell, H. H. .... Columbus  
 Gillespie, L. J. .... Hope  
 Garrett, H. J. F. .... Hope  
 Garner, T. J. .... Washington  
 Martindale, G. H. .... Hope  
 Weaver, J. H. .... Hope  
 Waddell, J. S. .... Hope

#### Howard-Pike County.

Alford, T. F. .... Bingen  
 Cannon, W. H. .... Saratoga  
 Daly, J. M. .... Nashville  
 Rivers, J. M. .... Mineral Springs  
 Toland, W. H. .... Mineral Springs  
 Wright, C. W. .... Buck Range  
 Weaver, S. J. .... Saratoga  
 Black, E. M. .... Westbrook, Tex.  
 Gibson, W. M. .... Nashville  
 Hopkins, J. S. .... Nashville  
 Holt, J. M. .... Tokio  
 Hutchinson, D. A. .... Nashville

#### Jackson County.

Causey, G. A. .... Swifton  
 Graham, J. S. .... Tuckerman  
 Jamison, O. E. .... Tuckerman  
 Jones, O. E. .... Newport  
 Owen, Henry .... Newport  
 Owen, H. M. .... Newport  
 Stayton, L. T. .... Tuckerman  
 Stephens, G. K. ....  
 West, C. .... Newport  
 Willis, L. E. .... Newport  
 Walker, H. O. .... Newport  
 Best, A. L. .... Newport  
 Wilson, W. F. .... Elmo  
 Watson, E. L. .... Newport

#### Independence County.

Case, J. W. .... Batesville  
 Dorr, R. C. .... Batesville  
 Gray, C. C. .... Convenience  
 Hodges, R. H. .... Sulphur Rock  
 Kennerley, J. H. .... Batesville  
 Lawrence, W. B. .... Batesville  
 Wyatt, W. A. .... Rosie  
 Hinkle, Chas. .... Batesville  
 Martin, C. W. .... Newark  
 Evans, D. E. .... Bethesda  
 Gray, F. P. .... Cave City  
 Evans, A. A. .... Bethesda  
 Pascoe, V. L. .... Newark  
 Rodman, T. N. .... Cushman  
 Johnson, O. F. .... Floral  
 Thialliere, A. .... Pleasant Plains

#### Johnson County.

Blakely, J. P. .... Hartman  
 Blakely, Thos. B. .... Coal Hill  
 Burgess, M. E. .... Lamar  
 Carey, Angier B. .... Knoxville  
 Cook, L. A. .... Clarksville  
 Cowan, J. M. .... Lamar  
 Graves, S. M. .... Payne  
 Smith, W. F. .... Clarksville  
 Hays, Annie .... Clarksville  
 Huddleston, G. D. .... Lamar  
 Hunt, Wm. H. .... Clarksville  
 Kolb, J. S. .... Clarksville  
 Love, J. G. .... Hartman  
 Mitchell, Jno. W. .... Clarksville  
 Ogilvie, Jas. W. .... Harmony  
 Robinson, Chas. E. .... Clarksville  
 Stewart, J. L. .... Sparda  
 Hunt, E. C. .... Smeadley  
 Murphy, J. M. .... Hagarville  
 Horner, J. R. .... Spadra  
 Herrod, G. W. .... Coal Hill  
 Allen, C. S. .... Harmony  
 Patterson, C. H. .... Ozark

#### Jefferson County.

Blankenship, W. H. .... Pine Bluff  
 Brunson, Asa. .... New Gascony  
 Caruthers, C. K. Jr. .... Pine Bluff  
 Crutcher, Wm. .... Pine Bluff  
 Duckworth, G. M. .... Pine Bluff  
 Galligher, B. H. .... Pine Bluff  
 Hankinson, O. C. .... Pine Bluff  
 Jenkins, J. S. .... Pine Bluff  
 John, J. W. .... Pine Bluff  
 Jordan, A. C. .... Pine Bluff  
 Kite, N. S. .... Pine Bluff  
 Loving, A. B. .... Pine Bluff  
 Luck, B. D. .... Pine Bluff  
 Orto, Z. .... Pine Bluff  
 Savin, T. L. .... Pine Bluff  
 Scales, J. W. .... Pine Bluff  
 Thompson, A. G. .... Pine Bluff  
 Troupe, A. W. .... Pine Bluff  
 Stewart, W. S. .... Pine Bluff  
 Wright, C. E. .... Altheimer  
 Breathwit, Wm. .... Pine Bluff  
 Blackwell, O. G. .... Pine Bluff  
 Clark, O. W. .... Pine Bluff  
 Woodul, T. W. .... Pine Bluff  
 Allen, J. A. .... Pine Bluff  
 Glover, C. A. .... Pine Bluff  
 John, M. C. .... Moscow  
 Woods, R. P. .... Altheimer  
 Withers, J. W. .... Pine Bluff

#### Lafayette County.

Baker, F. E. .... Stamps  
 Searcy, J. A. .... Buckner  
 Bullock, W. A. .... Stamps  
 Bright, D. W. .... Lewisville  
 Burns, R. P. .... Bradley  
 Hoover, A. S. .... Stamps  
 McGee, L. F. .... Frostville  
 McKnight, J. F. .... Walnut Hill  
 Youmans, F. W. .... Lewisville  
 Warren, W. N. .... Buckner

#### Lawrence County.

Ball, C. C. .... Ravendon  
 Croom, H. .... Strawberry  
 Culp, C. W. .... Mammoth Spring  
 Hatcher, J. O. .... Imboden  
 Henderson, A. G. .... Imboden  
 Hughes, J. C. .... Walnut Ridge  
 Land, J. C. .... Walnut Ridge  
 McCarroll, H. R. .... Walnut Ridge  
 Morris, J. W. .... Denton  
 Peacock, A. L. .... Lynn  
 Poindexter, J. C. .... Imboden  
 Ponder, E. T. .... Walnut Ridge  
 Pringle, J. E. .... Hoxie  
 Robinson, W. J. .... Portia  
 Smith, W. A. .... Walnut Ridge  
 Stephens, J. M. .... Clover Bend  
 Warren, G. A. .... Black Rock  
 Neece, T. C. .... Walnut Ridge  
 Crigler, J. R. .... Walnut Ridge

#### Lee County.

Bean, W. B. .... Lagrange  
 Bradford, W. S. .... Haynes  
 Beaty, W. S. .... Vineyard  
 Chaffin, C. W. .... Moro  
 Chandlier, C. T. .... Marianna  
 Deaderick, W. H. .... Marianna  
 Lewis, J. F. .... Oak Forest  
 Longley, W. W. .... Marianna  
 McClendon, A. A. .... Marianna  
 Wall, E. D. .... Park Place  
 Williamson, O. L. .... Marianna  
 Wilsford, A. L. .... Moro  
 Foster, G. F. .... La Grange  
 Russwurm, S. C. .... La Grange

#### Lincoln County.

Colquitt, S. W. .... Cummins  
 Johns, J. F. .... Grady  
 Isom, A. .... Gould  
 Kimbro, W. C. .... Tyro  
 McClain, J. K. .... Star City  
 Price, C. C. .... Douglas  
 Tarver, B. F. .... Star City  
 Dixon, C. W. .... South Bend  
 Watt, J. D. .... Tyro

#### Little River County.

Gallaher, Wm. M. .... Foreman  
 Wesley, L. Shirey .... Foreman  
 Vaughan, W. E. .... Richmond



York, Wm. .... Ashdown  
Marr, S. C. .... Ashdown  
Rhodes, J. F. .... Ashdown

**Logan County.**

Armstrong, N. E. .... Booneville  
Bennett, W. H. .... Paris  
Baskerville, W. F. .... Booneville  
Fletcher, T. M. .... Paris  
Foster, M. E. .... Roseville  
Harkins, R. A. .... Ratcliff  
Hederick, A. R. .... Booneville  
Smith, J. J. .... Paris  
Shibley, J. S. .... Paris  
Thompson, R. C. .... Spielerville  
McConnell, S. P. .... Booneville  
Hooper, W. F. .... Booneville  
Lipe, E. N. .... Blaine  
Smith, A. M. .... Paris

**Lonoke County.**

Abbott, C. C. .... Jewel  
Beaty, S. S. .... England  
Benton, T. E. .... Lonoke  
Brewer, Jno. F. .... Kerr  
Bowers, A. L. .... Keo  
Beakley, N. B. .... England  
Childers, J. M. .... Wattensaw  
Corn, F. A. .... Lonoke  
Cunning, Jno. R. .... Lonoke  
Murchison, A. J. .... England  
Niven, J. D. .... Tucker  
Southall, B. A. .... Lonoke  
Stovall, B. L. .... Lonoke  
Thibault, H. .... Scott  
Turner, W. S. .... Blakemore  
Thompson, W. A. .... Cabot  
Ward, D. D. .... England  
McCrae, W. M. .... Scott  
Chenault, J. C. .... England  
Tankersley, T. J. .... Tomberlin

**Marion County.**

Elton, Albert ..... Bruno  
Weast, L. M. .... Yellville  
Thompson, J. L. .... Yellville

**Miller County.**

Beck, E. L. .... Texarkana  
Beatty, J. C. .... Texarkana  
Dale, J. R. .... Texarkana  
King, Marion ..... Texarkana  
Kittrell, T. F. .... Texarkana  
Lee, A. G. .... Texarkana  
Lightfoot, J. A. .... Texarkana  
McCurry, W. T. .... Texarkana  
Mann, R. H. T. .... Texarkana  
Smiley, H. H. .... Texarkana  
Smith, C. A. .... Texarkana  
Webster, H. R. .... Texarkana  
Hunt, Preston. .... Texarkana  
Lennard, F. M. .... Texarkana  
Kosminsky, L. J. .... Texarkana

**Mississippi County.**

Borum, W. H. .... Blytheville  
Brewer, Thos. G. .... Osceola  
Collier, H. T. .... Osceola  
Crawford, H. F. .... Osceola  
Campbell, J. H. .... Bardstown  
Dunavant, H. C. .... Osceola  
Glenn, S. M. .... Blytheville  
Howton, O. .... Osceola  
Craig, E. C. .... Pecan Point  
Hudson, T. H. .... Luxora  
Dunn, D. M. .... Huffman  
Franklin, A. L. .... Manilla  
Noak, P. G. .... Bardstown  
Muntree, J. S. .... Minitree  
Self, S. M. .... Burdette  
Harbert, J. D. .... Marie  
Joyner, D. C. .... Joiner  
Lowry, S. A. .... Luxora  
Martin, S. P. .... Blytheville  
Nall, R. P. .... Armorell  
Prewitt, R. C. .... Osceola  
Robinson, F. A. .... Barfield  
Stevens, C. C. .... Blytheville  
Lunsford, J. A. .... Chickasawba  
Neal, S. R. .... Blytheville  
Parker, G. F. .... Blytheville

**Monroe County.**

Bradley, W. T. .... Monroe  
Houston, A. L. .... Clarendon

Murphy, F. T. .... Brinkley  
Murphy, N. E. .... Clarendon  
McKnight, E. D. .... Brinkley  
Saxon, R. L. .... Holly Grove  
Stout, J. T. .... Brinkley  
Sylar, T. B. .... Holly Grove  
Thomas, P. E. .... Clarendon  
Taylor, J. F. .... Holly Grove  
Terry, P. E. .... Brinkley  
West, R. M. .... Clarendon  
Marshall, G. H. .... Brinkley  
Miller, J. C. .... Blackston

**Ouachita County.**

Joyce, J. A. .... Millville  
Byrd, E. J. .... Millville  
Davison, A. .... Camden  
Early, C. S. .... Camden  
Hudson, G. W. .... Camden  
Henry, H. H. .... Eagle Mills  
Henry, J. T. .... Eagle Mills  
Mahan, J. M. .... Bearden  
Meek, J. W. .... Camden  
Morgan, C. M. .... Camden  
Newton, W. L. .... Camden  
Powell, B. V. .... Lester  
Purifoy, W. A. .... Chidester  
Rinehart, J. S. .... Camden  
Thompson, J. S. .... Stephens  
Word, N. S. .... Camden  
Rushing, J. L. .... Chidester  
McGill, A. G. .... Chidester  
Sanders, G. P. .... Stephens  
Haltom, N. F. .... Buena Vista

**Perry County.**

Blackwell, W. S. .... Fourche  
Howard, M. E. .... Perryville

**Polk County.**

Connally, D. W. .... Rocky  
Lee, F. A. .... Mena  
Parks, W. P. .... Mena  
Davis, J. R. .... Mena  
Izard, John ..... Mena  
Hoge, A. .... Mena

**Phillips County.**

Altman, G. G. .... Helena  
Bean, J. W. .... Marvell  
Brown, E. T. .... Barton  
Bruce, W. B. .... Trenton  
Ellis, J. B. .... Helena  
Fink, M. .... Helena  
Hall, L. .... Turner  
Horner, A. A. .... Helena  
King, W. C. .... Helena  
Pearson, M. L. .... Poplar Grove  
Penn, G. E. .... Marvell  
Price, J. W. .... Marvell  
Rightor, H. H. .... Helena  
Russwurm, W. C. .... Helena  
Smythe, D. L. .... Fair  
Thompson, H. M. .... Marvell  
Trotter, C. H. .... Helena  
Cox, Allen E. .... Helena

**Pope County.**

Campbel, J. M. .... Russellville  
Drummond, R. M. .... Russellville  
Darr, Ray W. .... Atkins  
Gaddy, L. .... Atkins  
Montgomery, W. A. .... Atkins  
Hayes, F. T. .... Scottsville  
Ross, C. J. .... Caglesville  
Truitt, Ed. .... Dover

**Prairie County.**

Dickinson, Putnam. .... Des Arc  
Hipolite, W. W. .... Devall's Bluff  
Hipolite, F. A. .... Devall's Bluff  
Lynn, J. R. .... Hazen  
Parker, James. .... Devall's Bluff  
Robinson, F. C. .... Hazen  
Woodworth, L. P. .... Devall's Bluff

**Sebastian County.**

Amis, J. C. .... Fort Smith  
Cooper, T. C. .... Fort Smith  
Eberle, J. G. .... Fort Smith  
Epler, E. G. .... Fort Smith  
Ewart, J. B. .... Midland  
Foltz, Jas. A. .... Fort Smith  
Foster, J. H. .... Fort Smith

Gardner, D. M. .... Fort Smith  
Hardin, A. E. .... Fort Smith  
Hatchett, H. .... Fort Smith  
King, H. C. .... Fort Smith  
McKelvey, A. A. .... Greenwood  
McLoughlin, J. A. .... Fort Smith  
McGinty, J. W. .... Fort Smith  
Moulton, H. .... Fort Smith  
Neal, Wm. .... Fort Smith  
Ryan, L. A. .... Fort Smith  
Routh, H. P. .... Hackett  
Buckley, Homer. .... Fort Smith  
Jones, E. M. .... Hartford  
Omelyna, J. G. .... Midland  
Bradley, Dr. .... Fort Smith  
Dorente, D. R. .... Fort Smith  
Holt, C. S. .... Fort Smith  
Taylor, J. M. .... Fort Smith  
Weems, W. .... Fort Smith  
Woods, C. G. .... Huntington

**Searcy County.**

Cotton, J. O. .... Leslie  
Daniel, S. G. .... Marshall  
Rogers, Wm. .... St. Joe  
Reece, J. E. .... Marshall  
Wood, E. W. .... Marshall  
Hurley, Jim. .... St. Joe  
Hollobrough, A. N. .... Leslie  
Smith, Ira ..... Gilbert  
Russell, R. L. .... Little Rock

**Randolph County.**

Hall, L. H. .... Pocahontas  
Hamil, W. E. .... Pocahontas  
Hughes, W. E. .... Pocahontas  
Johnson, J. J. .... Bigger  
Loftis, J. R. .... Maynard  
Pringle, C. E. .... Pocahontas  
Sheid, Carl ..... Pocahontas  
Shaver, P. M. .... Bigger  
Throgmorton, H. L. .... Pocahontas  
Brown, J. W. .... Foster  
Johnson, T. Z. .... Holmes  
Ruff, H. E. .... Pitman  
Brimley, G. W. .... Biggers  
Cox, F. W. .... Reyno  
Hull, H. B. .... Ravenden Springs  
Sheriff, J. P. .... Supply

**Saline County.**

Gann, Jewell ..... Benton  
Graham, C. J. .... Traskwood  
Melton, J. W. .... Alum  
Morris, W. E. .... Bauxite  
Phillips, J. M. .... Benton  
Steed, C. J. .... Chalmers  
Prickett, C. .... Traskwood  
Kelley, Warren. .... Benton

**Sevier County.**

Clingen, A. J. .... Ben Lomond  
Isbell, F. T. .... Horatio  
Lindsey, W. S. .... De Queen  
Norwood, M. L. .... Lockesburb  
Riser, F. L. .... De Queen  
D. A. Maxwell. .... Lockesburb  
Hopkins, R. L. .... De Queen  
Miller, W. A. .... De Queen  
Archer, C. A. .... DeQueen  
Kitchens, C. E. .... Lockesburb  
Hopson, E. W. .... Lockesburb  
Phillips, P. H. .... Horatio  
Meehan, D. L. .... De Queen  
Hopkins, J. S. .... Nashville

**Sharp County.**

McGavic, W. S. .... Hardy  
Johnston, Wm. .... Hardy  
McGee, J. P. .... Sidney  
Pounders, W. E. .... Sydney  
Rodman, I. N. .... Sidney  
Watkins, J. M. .... La Crosse  
Woods, T. J. .... Evening Shade

**St. Francis County.**

Alley, W. H. .... Forrest City  
Beauchamp, N. P. .... Forrest City  
Bogart, J. A. .... Forrest City  
Bogart, H. D. .... Wheatley  
Ferel, A. B. .... Widener  
Hare, J. L. .... Wynne

Merritt, L. H. . . . .Forrest City  
McCormack, A. G. . . . .Goodwin  
Reynolds, Dr. . . . .Colt  
Rush, J. O. . . . .Forrest City  
McDougal, J. F. . . . .Newcastle

#### Union County.

Colvin, H. R. . . . .Strong  
Bailey, J. T. . . . .Huttig  
Hilton, R. A. . . . .El Dorado  
Johnson, J. B. . . . .Champagnolle  
Moore, J. A. . . . .Lisbon  
Neihuss, H. H. . . . .Wesson  
Pettus, C. S. . . . .El Dorado  
Proctor, F. L. . . . .Junction City  
Purifoy, L. L. . . . .El Dorado  
Rowland, R. E. . . . .Huttig  
Sellers, W. M. . . . .Junction City  
Sheppard, J. M. . . . .El Dorado  
Thompson, S. E. . . . .El Dorado  
Wharton, J. B. . . . .El Dorado  
Ward, W. W. . . . .Strong  
McGraw, Dr. . . . .Wesson  
Harper, W. L. . . . .Junction City  
Bird, W. H. . . . .Smackover  
George, I. M. . . . .El Dorado  
Mayfield, A. M. . . . .Shuler  
Thurman, J. W. . . . .Lisbon  
Murphy, A. H. . . . .El Dorado  
Powell, J. P. . . . .Strong  
Stedman, S. S. . . . .Smackover  
Thompson, C. E. . . . .Wesson  
Murphy, Geo. W. . . . .Strong  
Mahoney, F. E. . . . .El Dorado  
Wadley, E. R. . . . .Wesson

#### Washington County.

Canon, J. S. . . . .West Fork  
Christian, E. . . . .Springdale  
Dinwiddie, R. R. . . . .Fayetteville  
Ellis, F. F. . . . .Fayetteville  
Gregg, A. S. . . . .Fayetteville  
Miller, Otey . . . . .Fayetteville  
Moore, A. I. . . . .Fayetteville  
Paddock, C. B. . . . .Fayetteville  
Southworth, J. R. . . . .Fayetteville  
Welch, W. B. . . . .Fayetteville  
Wood, H. D. . . . .Fayetteville  
Yates, W. N. . . . .Fayetteville  
Young, F. B. . . . .Springdale  
Young, John. . . . .Springdale  
Christian, O. . . . .Elkins  
Hardin, Nina V. . . . .Fayetteville  
Perkins, C. F. . . . .Springdale  
Wilson, E. E. . . . .Springtown

#### Woodruff County.

Biles, L. E. . . . .Gregory  
McKie, J. D. . . . .Cotton Plant  
Morris, J. W. . . . .Devew  
Patterson, R. B. . . . .Augusta  
Smith, R. N. . . . .Augusta  
Utley, V. S. . . . .Augusta  
Waldrop, J. G. . . . .Augusta  
Bradford, T. B. . . . .Cotton Plant  
Brewer, E. F. . . . .Grays  
Fletcher, E. A. . . . .Augusta  
Gephart, R. T. . . . .Cotton Plant  
McCain, W. T. . . . .McCrory  
McKnight, C. H. . . . .Augusta

#### Yell County.

Cowger, Robt. . . . .Danville  
Grace, John . . . . .Bellville  
Harkness, J. H. . . . .Bellville  
Jackson, N. H. . . . .Pontoon  
Linzey, J. R. . . . .Dardanelle  
Love, L. E. . . . .Dardanelle  
McKenzie, A. H. . . . .Dardanelle  
Miller, S. E. . . . .Dardanelle  
Montgomery, H. L. . . . .Gravelly  
Worsham, M. A. . . . .Centerville  
Wilson, E. L. . . . .Fowler  
Linzy, C. B. . . . .Plainview  
Hart, J. D. . . . .Dardanelle  
Cunningham, B. L. . . . .Dardanelle

#### White-Cleburne.

Cleveland, J. C. . . . .Bald Knob  
Ellis, W. A. . . . .Walker's Store  
Edwards, D. H. . . . .El Paso  
Grammar, J. B. . . . .Searcy  
Holland, W. G. . . . .Searcy  
Little, R. S. . . . .Judsonia  
Hassell, J. W. . . . .Rosebud  
Haskell, A. B. . . . .Rosebud  
Jones, J. L. . . . .Searcy  
Jelks, J. M. . . . .Searcy  
Moore, L. E. . . . .Searcy  
Monerief, J. J. . . . .Beebe  
Major, J. R. . . . .Center Hill  
Starks, C. B. . . . .Shiloh  
Tapscott, S. T. . . . .Searcy

#### Pulaski County.

Rathurst, Wm. R. . . . .Little Rock  
Bauduy, Keating. . . . .Little Rock  
Bentley, E. . . . .Little Rock  
Bledsoe, E. P. . . . .Little Rock  
Bentley, C. E. . . . .Little Rock  
Cantrell, G. M. D. . . . .Little Rock  
Christian R. B. . . . .Little Rock

Carmichael, A. L. . . . .Little Rock  
Cunningham, J. C. . . . .Little Rock  
Davis, E. N. . . . .Little Rock  
Dibrell, E. R. . . . .Little Rock  
Dibrell, J. L. . . . .Little Rock  
Dunaway, W. C. . . . .Little Rock  
French, F. L. . . . .Little Rock  
Flinn, B. W. . . . .Little Rock  
Gibson, L. P. . . . .Little Rock  
Gray, Oscar . . . . .Little Rock  
Harris, A. E. . . . .Little Rock  
Hardeman, D. R. . . . .Little Rock  
Hodges, Edgar E. . . . .Little Rock  
Holiman, J. E. T. . . . .Little Rock  
Hodges, T. E. . . . .Little Rock  
Illing, W. P. . . . .Little Rock  
Judd, O. K. . . . .Little Rock  
King, U. S. . . . .Little Rock  
Kirby, H. H. . . . .Little Rock  
Lenow, J. H. . . . .Little Rock  
Lindsey, R. W. . . . .Little Rock  
McClain, M. D. . . . .Little Rock  
McCaskill, M. E. . . . .Little Rock  
Miller, W. H. . . . .Little Rock  
Ogden, M. D. . . . .Little Rock  
Runyan, J. P. . . . .Little Rock  
Scott, A. H. . . . .Little Rock  
Scott, C. V. . . . .Little Rock  
Shinault, C. R. . . . .Little Rock  
Sheppard, J. P. . . . .Little Rock  
Smith, Morgan. . . . .Little Rock  
Snodgrass, W. A. . . . .Little Rock  
Stark, L. R. . . . .Little Rock  
Steer, S. L. . . . .Little Rock  
Stinson, H. C. . . . .Little Rock  
Stover, A. R. . . . .Little Rock  
Stewart, S. S. . . . .Little Rock  
Sweatland, A. E. . . . .Little Rock  
Thompson, Wm. . . . .Little Rock  
Vaughter, S. P. . . . .Little Rock  
Vinsonhaler, F. . . . .Little Rock  
Vaughan, Milton. . . . .Little Rock  
Watkins, C. . . . .Little Rock  
Watkins, J. G. . . . .Little Rock  
Wayman, A. K. . . . .Little Rock  
Witt, C. E. . . . .Little Rock  
Young, J. M. . . . .Little Rock  
Stephenson, C. C. . . . .Little Rock  
Zell, A. M. . . . .Little Rock  
Walt, D. C. . . . .Little Rock  
Watkins, Anderson. . . . .Little Rock  
Meek, E. . . . .Argenta  
Protho, H. . . . .Argenta  
Quidor, J. E. . . . .Argenta  
Sharpe, E. . . . .Argenta  
Howell, A. R. . . . .Argenta



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### *Original Articles*

#### THE STATE BOARD.\*

By M. Fink, M. D., Helena.

"There are sermons in stones, books in the running brooks, and good in everything, even in an Arkansas Legislature, as proven by their work in the enactment into law of the 'Law Regulating the Practice of Medicine in Arkansas.'" in February, 1903.

Let it be said, *en passant*, that it was no free-will offering on their part, but was obtained by the earnest, intelligent, zealous efforts put forth by the regular organized medical profession of the state, working through the State Medical Society Legislative Committee, which, through a missionary and educational campaign, made the legislative body understand and appreciate the importance of such a law, not only to the profession, but practically every class of their constituents.

Yet even after the bill had passed through one of the houses of the Legislature, it met with obstructive influences which threatened its defeat; i. e., the sentiment and charge of class legislation on the part of some, in that only the members of the medical profession would be benefitted thereby. Our friends, the druggists, were particularly strong and rampant in their opposition, as were the other schools of medicine, who combined and threatened to block all medical legislation unless they were given recognition by a state board with similar powers to the regulars.

In addition there were foes within the ranks of the profession, some opposing the law because it was not sufficiently radical, forgetting that legislators are human and guided by policy; others whose lukewarm support, "damning it with faint praise," caused the committee to despair of accomplishing anything in this direction.

The profession of Arkansas owes them a debt of gratitude, and praise, credit and honor should ever be accorded them for their unselfish and effective work in overcoming the many obstacles that beset their path in placing on the statutes of the state this progressive medical law, which raises Arkansas to that high pinnacle which her wealth, her resources, her culture and her position in all other lines of human endeavor entitles her.

The feature of the present medical law which makes it so pregnant with benefit and enlightened probabilities for the future is the State Board, the members of which are members of, and are selected by, the State Medical Society, which is the very heart of the profession. Owing no allegiance to any particular college, political pull, party or preference, uninfluenced by fear or favor other than the respect and hearty approval of the enlightened medical world in sitting in judgment upon the qualifications of those who shall practice medicine within our borders, its decisions are worthy of respect.

Primarily and of first importance in the consideration of a state board is its mission to raise the standard of medical education; to check the deluge of incompetent, irregular and quackish medical men; from the street medical fakirs who hawk their drugs upon the highways and byways; the ignorant and unscrupulous; the misfits who practice upon the poor and credulous of the body politic, and the offshoots of so-called diploma-factories, conducted alone for profit, and to, last but not least, the practicing and dispensing druggists, who practice medicine on the side.

There has been a marked change for the better in the medical laws of the states in the last few years; many had no laws; some required merely a registration and the payment of a small fee for license; others the registration of a diploma; an attendance of two or three years at a medical college was all that was required in some other states, while practically none demanded a preliminary education.

Arkansas—thanks to the laxness of her former

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\*Read in the Section on State Medicine and Public Hygiene, at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-15, 1908.

medical laws—had about become the jumping-off place, or national medical-dump for all sorts of misfits from other states; a diploma often fraudulently obtained or the gift of a college which had no standing, the *quid pro quo* for same being the price and not medical lore, was the sole requirement exacted by a county clerk, ignorant of standing of colleges or their alumni. The County Medical Examining Board law was not much, if any improvement upon the former, its decisions as to the qualifications and awarding of certificates for license were frequently influenced by politics, family patronage or favoritism.

It is a pride and a pleasure to state that Phillips county always maintained an exemplary board, whose reputation and high standing of qualification was state-wide, its business was somewhat curtailed in consequence by many applicants, who, naturally, when weak in knowledge, gave it a wide berth and sought the easy-mark boards.

I do not wish to convey the idea that our law is perfection, for according to my notion at the time of its formulation, and since then, by the light of experience in its enforcement, it has at least two defects, which I shall speak of later, but it was the very best that could run the gauntlet of opposition at the time.

Any one who has had any experience in trying to secure legislation of any kind, even though it be medical, and therefore concerns the very life and well-being of its citizens, soon learns two lessons, viz: a difficult task is set before him, and the verification of the scriptural injunction, "blessed be he that expects little, for he shall not be dissatisfied;" and when you ask for a whole loaf be satisfied with half. It was up to the committee to take this or nothing.

There has been a gradual evolutionary change in medical laws for the last few years until now the fifty-two states and territories, including Hawaii and Porto Rico, have medical laws of more or less value. Thirty-five require a diploma and a State Board examination, twelve an examination alone; five either a diploma or an examination; in thirteen the examination board is a separate body; in the remainder, examining is a function of the board, such as the State Board of Health. Five states alone demand a preliminary examination by the state; in seventeen, the examining board is either nominated or approved by state medical societies.

State boards have been a most potent factor in using their legal powers in influencing the passage of such laws, in medical education, in raising the requirements, in the regulation of preliminary and preparatory medical education, and in so doing made the graduate or medical

student fulfil these conditions before he can obtain a license; this results in his seeking such institutions whose equipments and resources for teaching are known to be beyond question, and thus places weak colleges at a discount and unpopular.

The data collected by the Council of Medical Education of the American Medical Association on this point shows that as a result, the standards of study and graduation have been markedly raised, and there is a disposition on the part of all concerned to elevate the standard of the profession by bringing into it those who are better prepared to practice medicine, and who will be a credit to it ethically and scientifically.

These statistics further show that a medical school cannot be conducted on the fees received from the students and pay a profit to the faculty as a business proposition. The standard of medical education can be raised to a proper height only when such schools are either state institutions and dependent upon state appropriations, or are not conducted as a commercial undertaking. In my opinion the best interests of the profession will be subserved when the weak group of medical schools can be compelled by laws executed by state medical boards to live up to proper standards.

The Arkansas Medical Board is endeavoring to enforce the provisions of the new law by giving a practical examination in the several fundamental branches of medicine and requiring an average of 75 per cent on the part of the applicant, before he is given a license to practice medicine in the state. It believes the results are showing diminution of quantity and increase in quality of practitioners; it also indicates to the least discerning of the profession and laity that the names and number of colleges which have been weighed in the balance and found wanting, belong to the undesirable class and must either raise their standard or close up shop.

The medical board has become, as it were, a sentinel keeping guard at the state's portals, whose acts benefit every physician, every community and every society within the confines of the commonwealth, becoming more useful year by year as the state gives more and better laws and the power to enforce them.

One of the most necessary amendments before alluded to which we, as members of the County and State Medical Societies should work for at the next session of the State Legislature, is the requirement of a diploma from a college recognized by the Council on Medical Education of the American Medical Association on the part of the applicant for examination before the State Board.

Arkansas, with Mississippi, Colorado, Missouri,



Tennessee and West Virginia, is in the non-progressive group of states which still permits undergraduates to take the State Board examinations.

In order that there may be a fixed standard, and that there may be uniformity for the guidance of colleges, boards and students, there was called together last year a conference of state boards, government medical service associations, medical colleges and colleges of liberal arts. The following requirements were the results of their deliberations:

1. Preliminary requirements to be a high school education or its equivalent, such as would admit the student to one of our recognized universities.

2. Preliminary requirements to be passed upon by a state official such as the State Superintendent of Public Instruction, and not by an official of the medical college.

3. A medical training in a medical college having four years' course of not less than thirty weeks each year of thirty hours per week of actual work.

4. Graduation from an approved medical college required to entitle the candidate to an examination before a State board.

5. The passing of a satisfactory examination before a state board.

The second amendment, and, only second in importance to the preliminary requirement, in the opinion of the great majority of the profession, is reciprocity, discretionary, not mandatory. The State Board should be given the legal right with proper safeguards to reciprocate licenses with those states whose standards are as high or higher than our own. Circumstances may arise in the professional life of a physician necessitating his removal from his present location—such for example as loss of his health, or the health of one of the members of his immediate family, when a climatic change would prove curative or beneficial; or such a change might be desirable professionally. Years ago he passed his examination and received his license; busy with the practical side of medicine in the interim, he has become rusty in its theories. It is an unnecessary and uncalled for hardship for him again to be made to prepare for an examination to practice, perhaps in a neighboring state.

To meet this condition several remedies in legislation have been suggested. One which has some enthusiastic adherents is the establishing of a National Examining Board, whose license would be equally in force wherever the federal government has supervision. Exception can be, and is taken to this method of solution of the question by many, in that it is centralization as opposed to States Rights or home rule. It is a knotty problem, one that should be handled with judgment,

care and caution, lest in removing the lid of Pandora's box we turn loose the evils we have bottled up, or unravel the fabric of progressive medical laws. In my opinion its solution can be brought about only by education and evolution, and by harmonizing the many discordant elements entering into it. With this ultimate end in view, many of the state boards are making their requirements similar and thorough enough to meet others on a mutually satisfactory plane, and are putting reciprocity into effect; but as yet it is far from universal, only twenty states having adopted it.

In accordance with the spirit of the times, and recognizing the great necessity for universal reciprocity, there was formed last year a Confederacy of Reciprocal and Licensing Board, which laid down the following recommendations:

First, as prerequisite credentials, that the applicant for reciprocal registration shall file in the office of the boards of the state where reciprocal registration is sought, such evidence of good moral and professional character as may be demanded by said boards, and such evidence at the discretion of either board may include proof of membership in a recognized medical society, and such membership may be considered in connection with the other evidence of character presented. Qualification is put under two heads:

1. A certificate of registration showing that an examination was less than that prescribed by the state in which an average grade of not less than 75 per cent was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted in lieu of examination, as evidence of qualification; provided, that in case the scope of said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not been covered.

2. A certificate of registration or license issued by the proper board or any state may be accepted as evidence of qualification for reciprocal registration in any other state, provided the holder of such certificate had been engaged in the reputable practice of medicine in such state at least one year, and also, provided that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the state in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the examination-test in such state.

The confederation also recommended as a

requirement towards uniformity, identical license application blanks which should require answers to the following questions:

1. A question which will reveal the past conduct and proposed attitude of the applicant toward engaging in itinerant practice or objectionable advertising business.
2. A comprehensive physical description, sworn to by the applicant, and endorsed by those who make affidavits as to positive, instead of "to the best of his knowledge and belief."
3. A certified copy of license which is used as a basis for reciprocity.
4. A detailed statement of preliminary and medical education.

Under the first qualification seven states reciprocate; under the second, fourteen states, including the District of Columbia; Arkansas stands alone as yet, not reciprocating under any qualification.

In concluding these thoughts upon the subject, I believe that medical education in conformity with the standard laid down by the Council on Medical Education of the American Medical Association is the key-stone of the arch, but before it can be made effective to produce uniformly good results, twenty-nine states must provide for higher entrance requirements; forty for registration of medical students before a state board or state official at the time of matriculation; thirty-six should demand higher requirements as to length of year, and four should require an examination.

The two agencies that must be relied upon to bring about such needed reforms are the state boards, which have the legal power regulating the practice of medicine, and the medical profession through their organizations in each county and state, which must see to it that the state possesses efficient medical legislation and the right character of medical men placed upon such boards acting in concert and harmony. These two instrumentalities working together loyally and intelligently, can demand and secure proper standards in a very short period. The power to control medical practice is and always will be exercised by the state government.

May the time not be far distant, let us speed the day by our efforts as enlightened medical men in that direction when Arkansas shall take her place with the other progressive states of the Union (she set the wheels in motion when she passed the law of 1903), when to possess a license to practice will be a certificate of honor and merit, which will be as gilt-edged as Uncle Sam's gold eagles. Give your State Board the legal power and the proper encouragement and support, and you can rest assured that it will do the rest.

## THE NECESSITY OF A STATE SANITARIUM FOR THE TREATMENT OF TUBERCULOSIS.\*

By C. E. Witt, M. D. Little Rock.

I offer no apology for this paper, because I am sure every physician in our state will agree with me that there is an urgent demand and a great necessity for an institution of this kind, supported and maintained by our state government. There are some questions concerning tuberculosis which have been finally settled by the medical profession during the past few years. All physicians now agree that the disease is infectious, preventable, and curable. It is curious as well as interesting to note the different definitions of pulmonary tuberculosis of twenty and twenty-five years ago in the text books and the more recent definitions. For an example, Bartholow, in his text book on the practice of medicine, which was published in 1886, says:

"Pulmonary tuberculosis is an inherited malady."

Other text books published about the same years give similar definitions. Osler, in his text book on practice, says: "Pulmonary tuberculosis is an infectious disease," and all other modern text books give a similar definition.

I refer to these dissimilar definitions to show how the attitude of the leading thinkers in our profession has changed in the last few years. The old idea of hereditary etiology of consumption has been so universally disseminated in the minds of the laity and physicians that it will take years of hard work on the part of the medical profession to educate the people and our skeptical brother, and force them to accept the fact that the disease is infectious; therefore, communicable from one person to another, and in all probability, not hereditary. To learn to unlearn what one has learned amiss is a hard lesson, but this is what we will have to do before we can take any positive and effectual steps in the direction of preventing and curing the disease.

One of the most alarming conditions in our state is the great number of consumptives we have among the middle and poorer classes of people. Their cases have been diagnosed by competent physicians, and they know what they have, but are financially unable to go to some other climate, or avail themselves of treatment in some well equipped sanitarium. These persons are forced to remain in their humble homes, knowing that death is inevitable sooner or later, so they are left to go where they will, walk the streets and public highways, expectorate upon

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the sidewalks, in the gutters, etc., and are a source of infection to their fellows, and are as much a menace to the public health as any or all of the infectious diseases.

It is estimated that more than one hundred thousand persons perish annually from the effects of this disease in the United States alone. Think of this wholesale loss of life, and measure, if you can, the sorrow and misery attending this destruction of human life in our own country—worse than the scourge of war, and yet, we are so accustomed to it we have accepted it as inevitable. Everybody, I presume, is familiar with the fact that numerous sanatoria in various places in the West and Southwest are being built for the care of tubercular patients who are able to pay the price. But these institutions are of no service whatever to the poor people in our state. I am sure every physician who is actively engaged in the practice of medicine knows one or more tubercular patients who are not able financially to go West or anywhere else and receive open air treatment in a hospital for the treatment of tuberculosis.

The question may be wisely raised by some as to the possibility of curing tuberculosis in our climate, even if the patients are treated in a well equipped and well regulated sanitarium. In answer to this question, I may be allowed to quote the following from the Reference Handbook of the Medical Sciences. In speaking of the open air treatment for tuberculosis, the author says: "This treatment has been brought to such a degree of perfection that it may almost be said to be independent of climate; that is to say, it can be successfully carried out wherever there is pure air, free from dust, protected from wind, and a moderate amount of sunshine—climatic conditions which are obtainable almost everywhere outside of large cities."

It is a well recognized fact that a well equipped sanitarium affords the best opportunity for taking the open air treatment and in such institutions the medical supervision is always at hand to insist upon the carrying out of every detail.

It occurs to me that the time is here when the Arkansas Medical Society should start a crusade against this, the most fatal disease among our people. We have a great state and a great and good people, and if the medical profession does not agitate this important question, who will? The modern knowledge of the infectiousness of the disease and its curability demands that we take some direct and positive steps toward stopping its ravages among a helpless class of people. We know the great advantages of climatic treatment of tuberculosis, but so many of our people cannot avail themselves of the opportunity of going to these climates, and the

only thing left for us to do is to influence the Legislature, if possible, to establish within the borders of our state a sanitarium for the care of those who are not able to go to such climates as California, New Mexico, Arizona, etc.

There are three available methods of managing tubercular patients which are worthy of consideration at the hands of the medical profession and our State and Municipal Governments.

First, we have the climatic treatment away from home. Secondly, management of cases in the homes of the afflicted; and thirdly, the care of cases in a sanitarium erected somewhere within the borders of our state.

The first method would take care of itself, as those who are financially able and desire to do so, would be allowed by any regulation of law, to take the best climatic treatment which money would buy. The second method has proved unsatisfactory and will probably continue to be so. The third method would have to be managed and looked after by such state and municipal laws that might be enacted.

Why should the state of Arkansas not erect a sanitarium somewhere on the Ozark Mountains and maintain it in every detail for the care of the financially poor unfortunate tubercular patients? They would become the wards of the state until they are cured and discharged. This would at least give them a show for their lives and at the same time remove a source of infection from their homes and neighbors. Who will deny the possibility of curing a large per cent of the early diagnosed cases, in a properly conducted institution of this kind at home who would otherwise die? Other states are seeing the necessity and the urgency of this matter and are erecting institutions of this kind. We have homes for the blind, the insane and the deaf and dumb, and it sincerely occurs to me that a home for the tubercular is more urgent and more important. I believe this Society should effect some ways and means of laying this matter before the Legislature of our State Government. The scheme in all probability would be turned down by this body at first, but by persistent and unceasing agitation, we would be supported by public sentiment, and the voice of the public press, and I am of the opinion the matter would be soon favorably considered. To say the least of it, this Society and the medical profession would shift the responsibility on the shoulders of those in charge of our state government. In my opinion this is the only method that promises any broad, far-reaching prophylactic treatment of this widespread and destructive disease. It is nice, and sounds well, to talk about educating the people in their homes in matters of hygiene, fresh air, clothing, feeding, bedding and the proper care of the sputa and

other excretions from the body of the tubercular; but this has been more or less a failure. To say the least of it the best regulated home treatment is far inferior to the treatment received in well regulated, well equipped sanatoria. I believe the physicians of this Society should institute a system of education among the laity and incite the strong arm of public sentiment and the voice of the public press to their assistance.

When the public learns of the great dangers of contracting the disease as they already know about smallpox, measles, etc., they will demand that something be done by our state to isolate these tubercular patients in their homes and neighborhoods. I believe a bill should be introduced during the next session of our State Legislature looking toward the erection and maintenance of such an institution somewhere on the Ozark mountains, away from the dust and noise of the city, where there is plenty of fresh air and sunlight.

If this Society wants to do something for humanity, something to save the lives of our people, something to aid the helpless to be restored to their normal condition, the way is open.

#### PUBLIC HEALTH AND VITAL STATISTICS.\*

By G. M. D. Cantrell, M. D., Little Rock.

Public sanitation is an art as old as history, dating back to the days of Moses and the ancient Egyptians. Their methods were crude and their efforts practically fruitless, principally from a lack of knowledge of the causes of disease and of organized effort to prevent its spread. Thanks to the untiring energy of investigators in the field of science, new discoveries have been made which have furnished us with more accurate knowledge of the causes of disease until today, with the germ theory as a basis, we stand upon a foundation of established truth. With increase of knowledge, have come more effectual methods of combating disease in individual cases; but what, may I pause to ask, have the medical profession and people of the State of Arkansas done in the way of organized effort to prevent the spread of epidemical disease?

The first move in this direction must come from the medical profession by education and example. We should endeavor to find the means of convincing our people of the necessity of raising and maintaining the standard of public health. We should induce them to urge upon our legislators the enactment of laws governing sanitation

and providing for the necessary health officers whose duties it shall be to see that such laws are enforced; and also to provide adequate appropriations in order that such health officers may be furnished with the means to insure the enforcement of said laws.

All other departments of public work have long since been allotted their place and annually provided for by such appropriations as are necessary to maintain their effectiveness; the health department is practically a new department in our governmental affairs and though well in progress, there is yet much to be done before the end is accomplished. It is only in a few of our states that laws have been enacted and appropriations made whereby, in times of epidemics, the health officer has become an effective agent, and his presence felt, as a guardian angel ever ready to stay the hand of death.

Arkansas is a great state and justly entitled to recognition as a state reflecting intelligence of scientific principles in sanitation, as well as in agricultural and mineral products; then why so long have our representatives, who come to the capital in the capacity of lawmakers, been so averse to provide the means by suitable appropriations from the public funds of our state to render effective the workings of our State Board of Health?

Arkansas has a State Board of Health in name only, and today stands, in this regard, as a blot upon the map of the United States. In times of epidemic danger to life, how are we to combat and prevent the spread of epidemic disease unless we are first organized and armed with efficient laws to govern the people in this time of danger and excitement, and officers necessary to carry out the provisions of these laws? Give us the law and the health officer, and then how are we to render effective service without an appropriation of money to enforce the law? Only go back three summers and you are quickly reminded of the ineffectiveness of the workings of our State Board of Health when the last epidemic of yellow fever was claiming its victims of our sister state to the south. Pandemonium reigned and politics of the lowest order prevailed in Arkansas. Shotgun quarantine and political intrigue held sway over the land. The wheels of commerce were blocked by unjust and unscientific rulings, and yet to the outside world, Arkansas did have a State Board of Health.

Twice I have made an effort to have passed by our General Assembly a bill for an act to be entitled "An Act to create a State Board of Health and Registration of Vital Statistics." Each time I found it impossible to even interest members enough to bring the matter to a vote. I have been before the house committee on medicine

\*Read in the Section on State Medicine and Public Hygiene, at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May 12-13, 1908.



and explained the best I could the importance of this bill in placing Arkansas abreast of other states in passing and having effective laws by which the State Board of Health might have it in its power at the proper time to give aid and assistance to each and every citizen in protecting him from epidemic disease, and with the least disturbance to the commerce of our country. It is not every physician who recognizes the importance of an efficient State Board of Health in preserving the public health in times of epidemics, much less does the layman recognize its necessity. As I have said heretofore we should by education and example endeavor to instruct the public upon these matters. The question naturally arises, "How can this best be done?" First, the profession generally must possess themselves of greater knowledge of this subject and its relation to public health, and then try to diffuse it among the masses by losing no opportunity to explain to them its importance. This is an instance where there cannot be too much talk if we expect to accomplish results. Let every physician in the land tell his patients of its importance and try to get them interested. Simply discussing these things among ourselves will accomplish but little. Some one has wisely said:

"He who has something good to tell,  
And goes and talks it down a well;  
Is not so apt to collar the scholars,  
As he who climbs a tree and hollers."

The people will prove apt scholars enough if you holler at them enough.

Public sanitation is an applied science, and the foundation of the art of preserving public health is based upon the germ theory of epidemic disease. Then upon general principles, made more obvious every year, general sanitation along general lines will clean up the dirty places and give us a clean, healthier race of people. Once convince the people of the State of the importance of public sanitation and they will not be slow in furnishing us with the necessary laws, officers and appropriations for perfecting this line of work. If the workings of effective boards of health could be shown to the people, and their estimates of the great saving, not only of life, but of money and property, it would appeal to them in a practical way and would arrest their attention at once. For one moment reflect and calculate the enormous expenditure in fighting an epidemic when once it has invaded our land. One single invasion upon our shores will cost many times the price of many years of organized work. From the foci of a bacillus it spreads and we teach this doctrine; then let us destroy the bug in his infancy and not wait for his adult freedom. Let us keep ourselves clean and teach the doc-

trine of preventive medicine, and by education teach our patients the necessity of keeping their yards clean, and as a result we bring sunshine, happiness and prosperity.

We endeavor to suppress and eliminate disease and to cultivate health and strength. To do this we must have a law to meet the end, and money to enforce the law. Combined effort is a distinguishing feature in our Twentieth Century undertakings where results are accomplished, and I feel assured there is ample intelligence promised by the medical profession of Arkansas, and willingness on the part of its members to extend a helping hand in trying to bring about a change of sentiment and feeling among our lawmakers.

We must keep pace with advanced ideas of public hygiene. The duty devolves upon us to promote the health of our communities; to prevent sickness and suffering; to prolong life and its usefulness; and to save communities from the loss incident to preventable sickness and premature death. With matters of public health of our State, we must embody vital statistics; and to do this we must accomplish it though the organization of county boards, the creation of the local officer of public health who will give it time and attention, and who is prompted by principles of professional pride as well as the betterment of his neighbor's conditions.

There are no vital statistics for Arkansas, this being a blank page upon her records. With a State Board of Health and county boards organized, equipped and actively interested, it would not be many years before Arkansas could say to the entire world, "We are ready to meet you upon even ground."

In modern times the evils of disease and pestilence have been largely mitigated as a result of scientific study and investigation, the searching out and proving of the cause of the silent foes of health. Then, gentlemen, we of the Arkansas State Medical Society should lend our aid in promulgating scientific medicine and principles for further achievements. The warfare against disease must be pushed along. The science of medicine, since the days of Hippocrates, has been steadily fighting to conquer this most terrible and relentless enemy of humanity. The triumphs of the past quarter of a century should encourage us to attempt greater achievements; to throw down and conquer the death-dealing microbes that constantly prey upon mankind. No longer should epidemic disease hold the world in perpetual dread. To accomplish these results we must realize the importance of preventing disease, rather than its cure, and to prevent disease we must study its habits from the laboratory.

We should establish through our State Legislature the office of State Bacteriologist and pro-

vide an occupant for this office, competent to discharge the duties incumbent thereto.

Appreciating the importance of this suggestion—a safeguard to our health and happiness—I would urge that an effort be made by the Arkansas State Medical Society to impress upon our lawmakers the advantages that would follow the creation of the office of State Bacteriologist. Through this office the medical profession of Arkansas could more satisfactorily meet the requirements imposed upon them.

Last but not least, I would call your attention to what I regard a binding obligation upon every state of the Union, and that is to care for the unfortunate and helpless victims of the dread disease, tuberculosis. Consumption is a preventable disease and the belief that it is curable is growing in favor every year. Why not then, with this encouragement, do the people of the different states not interest themselves in checking its spread, lessening its mortality, and saving the untold expense incumbent upon the care of its victims? Some of our states (to their credit be it said) have this work already well in hand, with their health departments well organized. Their work of untiring energy appeals to us in checking its spread by educating our people to proper precautions necessary against its spread.

Ignorance and prejudice must be combated by teaching the masses the true nature of this disease and how to prevent it by the exercise of common sense in caring for their health. Fresh air, sunlight and proper methods of living are not available to all such sufferers. Many of our people haven't the means of caring for themselves, stricken by this disease, and from bad to worse they go. Tuberculosis and poverty! It is a sad picture and certainly appeals to our better nature. Then a bit of our goodness. Let us provide them a home. Arkansas, as a State, looks well to her other charities, and this is one more beseeching our aid. Let us give them a home who haven't the means. Let us make easier their sufferings and warm the hand of death as it clutches them.

We have the high lands in the mountains of Arkansas which carry bright sunshine, pure air and sparkling streams of water—all the requirements furnished by nature to meet and battle with this plague.

"We are living, we are moving in a grand and glorious time,  
And the trend of noblest impulse is to make our lives sublime;  
The progress of the ages has caught us in its sweep,  
Fall in, fall in, march onward, if your heritage you would reap."

## DISCUSSION ON PAPERS BY DRS. FINK, CANTRELL, AND WITT.

Dr. H. Thibault, of Scotts, said if the legislature should separately consider all the measures proposed by the essayists, it would take two extra sessions to dispose of the demands of the Arkansas Medical Society. He offered a criticism of Dr. Fink's paper with regard to a certain immunity which the author claims should be given practitioners who move from one state to another and apply for examination before state boards. He asked if a knowledge of anatomy, chemistry, physiology and bacteriology was necessary to the intelligent practice of medicine and surgery; if so, then our colleges should continue to teach them and our state boards should demand all applicants to possess a satisfactory knowledge of those branches regardless of age or experience. If a practitioner of long experience have forgotten these fundamental branches, he is as incompetent as a first-class medical student, and deserves no consideration at the hands of our examining boards. A doctor who, after practicing twenty-five years, knows less anatomy, chemistry and physiology than when he graduated, certainly is unfit to practice medicine.

Dr. J. L. Butler, of Sheridan, heartily endorsed the papers, but felt some timidity in asking too much of the Arkansas legislature. The startling statements brought out in Dr. Sheppard's address ought to be sufficient to awaken the members of the legislature to a realization of their duty in matters of public health, and be the means of inciting desired legislation. He referred to his membership in the legislature when a bill was passed requiring the owners of rabid dogs to kill the animals immediately. He contended that all dogs should be muzzled for twenty years, and that would put an end to their biting, therefore hydrophobia would cease to exist. If a sufficient appropriation could be secured and properly applied in the prophylaxis of infectious diseases, a new era would be inaugurated in Arkansas.

Dr. H. C. Dunavant, of Osceola, commended very highly the papers, and believed if the profession in Little Rock and the state would work together more harmoniously and stand together, much more could be accomplished. He regretted that this unity did not exist, and referred to the time when the Governor offered so many insults to the State Board of Health that every member was forced to resign. Under the circumstances attending the resignation of the Board of Health, he did not believe that any reputable physician should have accepted appointment on the board by the Governor. He regretted the lack of inde-



pendence shown by those gentlemen who accepted, and closed by saying that the most humble doctor should not be subservient to the will, nor become the political tool of any man, though even it be Governor Davis.

Dr. E. Bently, of Little Rock, said the subject of tuberculosis was especially interesting to him for the reason that he had been able to study and observe the disease when it was considered hereditary, and after it had been proven to be a transmissible infection. He believed the natural tendency of tuberculosis is to recovery and he has observed in hundreds of cases the healed crops and cicatrices in the lungs. A forward step was taken when tuberculosis was proven to be contagious and due to a specific germ. In the light of our present knowledge, he said, we can truthfully assert that unless the state inaugurates measures looking to the prevention, care and treatment of the victims of this disease, it will continue to decimate the human race in the future as it has in the past. He heartily endorsed the various measures advocated by the authors and thought them timely.

Dr. G. M. D. Cantrell, of Little Rock, related his experience with the Committee on Medicine of the last two sessions of the legislature. The chairman of the committee was a doctor, and naturally it was expected that he would give his support to any measure proposed by the Board of Health. On the contrary, he gave no support whatever, and evaded all questions whenever they were presented to him and his committee.

Dr. Cantrell next alluded to the work accomplished by the State Board of Health during the yellow fever epidemic in 1905, and said:

"As was alluded to, the State Board of Health which existed at that time was doing all that it possibly could under the existing conditions. For thirty long days I sat at my desk and worked from 9 o'clock in the morning until 12 o'clock at

night. I gave up all of my private work, except in making a visit or two before going to my office. I arose at 6 o'clock in the morning, did what work I could, and went to my office at 9, and worked until 12 o'clock at night; and frequently did not leave to get a lunch. It was not the writing of health certificates that kept me busy, as was charged by some; that was the smallest part of my work. It was answering telegrams, telephone messages and letters. Every night I cleaned my desk of that day's work. During my incumbency as President of the Board the commerce of this state was not interfered with, and not a railroad train tied up during those thirty days. But, after the resignation of the Board, I understand that it took about three or four to do the work, and the railroads were tied up and commerce demoralized. (Applause) That's a fact, gentlemen, and I dare any one to refute it. It was politics of a low order; it was simply the politics of a Democratic politician who was trying to pave his way to the United States senate. (Applause.)

I am willing, as one of the citizens of Arkansas and of my profession, to do anything that is within bounds to advance scientific medicine, and I did my best, handicapped as we were at that time. Surgeon General Wyman telegraphed the State Board of Health to allow Dr. Goldberger to pass through the lower southeastern corner of this state in order to get to a little town in Louisiana that was tied up by quarantine and suffering with yellow fever. What was Governor Davis' response? I will tell it to you, and am glad of the opportunity. I read the telegram to him in his office, and he said: "To hell with Dr. Goldberger." That was his answer to the telegram, and he refused Dr. Goldberger permission to pass through the southeastern corner of your state.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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Edited by

**MORGAN SMITH, M. D.**

Secretary Arkansas Medical Society

108 Louisiana Street, Little Rock, to whom all business communications should be addressed.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

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### REMITTANCES.

Remittances should be made by check, draft, registered letter, money or express. Currency should not be sent, unless registered. Stamps in amounts under one dollar are acceptable.

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### ADVERTISING RATES.

A schedule of rates will be furnished upon application.

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### ADVERTISEMENTS.

Advertisements should be received by the 8th of the month to insure their insertion in the current issue.

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### CHANGE OF ADDRESS.

Change of address will be made if the old as well as the new address be given.

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### CONTRIBUTIONS TYPEWRITTEN.

In order to lessen liability of errors, contributions should be typewritten.

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### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

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**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

## Editorials

### THE CHICAGO SESSION OF THE AMERICAN MEDICAL ASSOCIATION.

If one went to Chicago with any misgivings of the greatness and power of the American Medical Association, his doubts were soon dispelled, for such gathering of medical men has not hitherto been seen on this or any other continent. The Association, built of units, derives its strength and influence from every city, town and hamlet in the United States, and represents the power of the thirty thousand members who compose it. Although nearly one-fourth of the entire membership was represented at Chicago, and manifest enthusiasm seemed to possess everybody and dominate every movement, it was the visible scientific spirit that pervaded the meeting from start to finish that made the most decided impression upon the observer and characterized it as the most wonderful scientific body of modern times.

As we sat in the Auditorium listening to President Burrell's address, looking down on the sea of heads, the majority of which had grown gray and bald in service, a pride of membership in such an organization filled our bosom, and we realized for the first time that many of the objects of the Association had been fulfilled. The science and art of medicine has been promoted beyond the dream of the most optimistic; the profession has been so compactly organized that nothing but internal dissension can ever hope to prevail against it; professional intercourse has been promoted; the public has been enlightened on subjects about which it should be familiar; the "patent-medicine frauds" have been driven into their dens of mire, and the world has been taught to look in the future to the Association for warning and advice. An organization with such objects is as necessary to Government as the Judiciary, and its power for good no less in importance. It will yet become one of the strong arms of the Government.

The House of Delegates disposed of the large volume of business in a marvelous manner. Before a proposition was introduced, it had been



previously threshed out in the committee room, and it was the exception to hear a member dissent from the committee's recommendations.

The sectional meetings were largely attended notwithstanding the widely separated meeting places. Oftentimes it was not possible to get a seat. The papers were of a high order, and the discussions well-planned and vigorous.

The election of Col. William Gorgas to the presidency was a timely and just recognition of his incalculable service as a sanitary officer in Cuba and Panama; it was also a compliment to the Medical Service with which he is connected. His many literary and scientific attainments, his charming personality and his notable constructive ability, qualify him as an ideal president of the American Medical Association.

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#### PRESIDENT'S ADDRESS.

We commend to the earnest consideration of our readers the very forceful and dignified address of President Stephenson. Proverbially, it may be characterized as being as full of meat as the turnip, and one cannot read it without being awakened to a higher conception of professional duty. Medical organization, medical education and the burning needs of the profession in this state, were discussed in so convincing a manner, that certainly his words of advice and wisdom must ultimately bring forth fruit in a betterment of local conditions. There have been many strong papers read before the Society, but we believe that this one will rank at the top; there have been many strong men president of the Arkansas Medical Society, but no one who has done more for his Society than Dr. Charles C. Stephenson.

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#### RECIPROCITY.

If it be remembered that one-half of the income of the Arkansas Medical Society is derived from advertisements in the JOURNAL, it would not be necessary to call attention to the duty of our members toward those who advertise with us. Reciprocity is and has always been a good business principle as it ever will be good policy. We have no reason to believe, *coebus paribus*, but that our members have in

the past shown substantial appreciation of our advertisers and it is for the purpose of urging them to patronize those who favor us, that attention is called to this matter.

The policy for the last two years has been to gradually advance the advertising rate to a point at which the JOURNAL would sustain no loss, and we are gratified to say that with but few exception, every one of our advertisers has acquiesced in the advance. The rate now is what it should have been two years ago, and is far below that of other journals with no larger subscription list.

The following is the list of our advertisers, and we urge you to keep this list constantly before you:

D. Appleton & Co., New York.  
 The Abbott Alkaloidal Co., Chicago.  
 The Cincinnati Sanitarium, Cincinnati, O.  
 Beauchamp-Polk Furniture Co., Little Rock.  
 Kress & Owen Co., New York.  
 Silver City Sanitarium, Silver City, N. M.  
 Bristol-Meyer Co., New York.  
 The Perfect Chair Co., Indianapolis, Ind.  
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 The Dr. Petty Retreats, Memphis.  
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 F. W. McClerkin, Little Rock.  
 The Puntun Sanitarium, Kansas City, Mo.  
 Arthur Peter & Co., Louisville, Ky.  
 Parke, Davis & Co., Detroit, Mich.  
 Terre Haute Inhalatorium Cabinet Co., Terre Haute, Ind.  
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 Dr. Nettie Klein, Texarkana, Ark.  
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 Dr. R. H. T. Mann, Texarkana, Ark.  
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 Dr. S. T. Rucker, Memphis, Tenn.  
 John T. Milliken & Co., St. Louis, Mo.

Grand View Sanitarium, New Orleans, La.

New Orleans Polyclinic, New Orleans La.

Read's Drug Store, Little Rock, Ark.

University of Arkansas, Medical Department,  
Little Rock, Ark.

Tulane University, Medical Department,  
New Orleans, La.

College of Physicians & Surgeons, Little  
Rock, Ark.

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## THE SECOND ANNUAL REUNION OF THE ALUMNAE OF THE UNIVER- SITY OF ARKANSAS, MEDI- CAL DEPARTMENT.

One of the most enjoyable social functions connected with the recent meeting of the Arkansas Medical Society was the smoker given by the faculty of the University of Arkansas, Medical Department, complimentary to the visiting members of the Alumni Association, at the Hotel Marion on the evening of May 14. More than 150 members responded to the invitations sent out by the Committee on Arrangements, and from the moment these loyal fellows filed into the banquet room until midnight rang down the curtain, the feast of good fellowship and fraternalism reigned supreme.

Dr. Frank Vinsonhaler of the faculty acted as Master of Ceremonies. Dr. James H. Lenow, Dean, was the first speaker introduced, and after a few words of welcome, delivered a noteworthy address which is published below. Dr. Adam Guthrie of Prescott, '87, responded to the toast, "Success;" Dr. Henry Thibault of Scotts, '00, "Our School of the Future;" Dr. James H. Lindsey of Bentonville, '84, "Our Old Students;" Dr. Mahlon D. Ogden, Little Rock, '04, "Germs and Germans;" Dr. Milton Vaughan, Little Rock, '92, "Medical Fads;" Dr. J. L. Butler, Sheridan, '94, "Medical Legislation."

Extemporaneous addresses were made by a number of members, Drs. Bentley, Morrow, James and Routh being among the number. Dr. John Dibrell, Dr. Anderson Watkins and Dr. F. L. French, the Committee on Arrangements, deserve thanks for the delightful manner in which every detail of the affair was directed.

The Association is pledged to work for an appropriation from the legislature to be used for improvement of the college, and from now until the legislature convenes, an active campaign will be waged by the members. The address of Dr. Lenow, being apropos to this subject, is given in full, and was as follows:

### REASONS FOR THE PUBLIC SUPPORT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS.

Gentlemen of the Alumni Association:

The Medical Department of the University of Arkansas has been running for twenty-nine years and has not received a dollar from the State Legislature.

Section 4321 of Kirby's Digest reads: "All acts of the board of trustees of the University of Arkansas looking to the establishment of a medical department thereof located in the city of Little Rock are ratified, approved and confirmed and said medical department is in all things legalized."

Section 4321 further provides that the members of the executive committee who have control of the institution shall be appointed by the governor with the advice and consent of the senate.

In other words, the State of Arkansas has control of an important institution devoted to the advancement of medical science. but so far as financial help is concerned does not give it the "cold recognition of a passing glance." Is such an attitude logical or reasonable? What would you think of a man who should adopt a child into his family but who should refuse, after its adoption, to give it food to eat or clothes to wear? Could such a man justify his parsimony by declaring that he had given to the child the prestige of his family name, and that with such a start in life the child must hustle for itself? Is the rich State of Arkansas taking a broad and generous stand before the world when it says, "We have given to the medical college in Little Rock the prestige of being associated with our State University, and we want the medical college to become great and strong on the strength of our endorsement?"



What would become of our State University, our new Normal College, the Blind Asylum, the Deaf and Dumb Institute, if the State were to adopt and legalize them, but give no financial aid? A legislative adoption is helpful and we are grateful to the legislature for the recognition given us, but something more substantial than a mere proclamation in Kirby's Digest is necessary for the development of a great medical school. Our faculty has struggled for years to maintain high standards. We have built up an institution of which the whole country is proud. Heretofore we have not asked for aid. Arkansas has grown to be a prosperous state and we feel that some money invested in the medical college that she has adopted and legalized would bring profitable returns. This college has justified its existence by living and growing in the face of adverse conditions. This shows that Arkansas needs such a college, and the college to reach its highest usefulness should have public aid.

There are some who hold that public taxes should be devoted to the common schools and to higher education in the liberal branches of learning, but that a state should not give money for the promotion of professional education. It is argued further that if money should be appropriated for the support of a medical college consistency would require that appropriations should be given also to law schools, dental schools, pharmacy schools and commercial schools.

We admit that there is some force in these arguments and they should be met fairly. It is true that consistency requires the uniform support of all professional schools. It may be true also that it would be a wise investment for the legislature to aid all the various classes of professional schools. A sincere practical statesman, however, endeavors to do the best that he can for his country with the means at his disposal. After all, the most consistent statesman, and certainly the wisest statesman, is the man who gives encouragement and aid to the most deserving educational activities of his day, recognizing at the time that there are other lines of work that need public support, but that the public revenues are not sufficient to go around

to all and that the money should be invested where it will bring back to the state the greatest returns.

Our Legislature should be reminded too that it has already committed itself to the support of professional education. At the University of Arkansas departments of civil and electrical engineering are supported. Generous equipment for these subjects have been provided, the salaries of the professors are paid jointly from state and federal funds and young men are graduated with special training that equips them for professional work. The civil engineer and the electrical engineer are professionals who have received severe technical training in this institution. I am not here to raise questions about the comparative dignity of professions, but for my part I believe that the state needs well-trained physicians as badly as well-trained engineers. If it is legal, legitimate and wise to spend money from the public treasury for the professional training of engineers, why should not the same principle hold good for medical training?

Naturally the question may be asked, how is it that the medical college has run so many years without public aid, and why does it come at this late day to knock at the door of the public treasury?

We can answer that by saying that we have been living through years of self-sacrifice. A deep-seated professional pride has prompted this faculty to give time and labor to the building up of the medical college. No institution can run indefinitely on such a basis. Educational conditions in the medical world are changing. The marvelous discoveries along scientific lines are such that the modern institution must have larger and better laboratories and equipment for successful work, far more so than the schools of former years. The science of medicine is becoming more and more specialized, and a larger corps of teachers are necessary. As a result it costs a great deal more to run a college now than it did twenty-five years ago. On the other hand the income has not been proportionately increased. Tuition rates are regulated by competition. We must charge the same rates of similar colleges in other states. But in many

of the other states these colleges have endowments or appropriations to meet deficits and are therefore able to make nominal charges for tuition. It is because of our desire to keep this medical college abreast of the times that we ask for a public appropriation.

We may ask further, Why does not the college get an endowment from some private philanthropist? Why not call upon the friends of the college to raise subscriptions for its support? In answer to this I have to observe that if some public spirited genius can be found to do this it will solve all our problems; but where is the genius and where are the benefactors? The medical college has received but one small endowment. We hoped to receive more, but unfortunately the spirit of educational philanthropy in Arkansas has not been highly developed. We have in the state several denominational colleges with thoroughly organized and influential denominations behind them. They are running colleges, and for years have been trying to raise money for endowments. So far only one of them has succeeded in raising \$150,000 which put out at eight per cent interest brings in annually twelve thousand dollars to meet deficits. The men who talk so glibly about endowments have never been confronted with this problem in Arkansas. The southwest is a new country, it is growing very rapidly in this section, the state must solve the leading problem of education, for it takes generations to train the public to the duty of private giving.

We take it for granted that the state is in the field of education from strictly selfish motives. It gives money to schools to develop a stronger citizenship. It is the testimony of all ages that money invested in education brings rich dividends to a state. The young men of Arkansas are ambitious. They want the very best training along medical lines. If they cannot get it here they will go out of the state to attend colleges supported by a public that believes in putting money into schools. Will it pay the state to encourage young men to leave her borders for an education? Every young man who leaves Arkansas spends on an average of three hundred dollars per annum.

If five hundred young men leave the state annually to study medicine that means that \$150,000 a year is taken away from the state.

Besides we should remember that it develops state pride for a young man to get his professional course in his native state. Shall we acknowledge that Arkansas is so lacking in scientific knowledge, or public spirit, or generosity, that we are unable to train our own physicians?

Since the founding of our college in 1879 we have had an enrolment of 2,700 students. Had these young men left Arkansas each one would have spent about three hundred dollars per annum, making a total of \$2,853,200. Our medical college has kept this money in Arkansas. Are we not entitled to some public consideration?

In conclusion, I wish to quote from an address delivered by Dr. Hartzog at the commencement exercises of this college last week. He said:

"The graduates from this college have brightened and refined the communities into which they have moved, and Arkansas is richer and stronger today because of this medical college. It deserves public support, and the philanthropist who endows it is the good Samaritan of the twentieth century."

And now, gentlemen, if the observations I have made should meet with your approval, I hope each one of you will use his influence to induce his representative and senator in the next General Assembly to vote for a bill providing for an appropriation for the school. (Loud applause.)

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#### CLUB WOMEN JOIN IN THE CRUSADE AGAINST TUBERCULOSIS.

At a recent meeting of the Fortnightly Club, of Siloam Springs, the following preamble and resolution was unanimously endorsed:

"Whereas, Tuberculosis is a contagious and infectious disease that destroys annually many thousand victims, and

"Whereas, Three thousand cases of tuberculous disease at this time exist in the State of Arkansas; and

"Whereas, By proper treatment and sanitation many of these cases would recover who otherwise will die; and many could be made comfort-



able who otherwise will suffer in misery and poverty;

"Therefore, It is the sense of the Woman's Fortnightly Club, of Siloam Springs, that the General Assembly of Arkansas should appropriate sufficient money to build and maintain in some locality suitable for the purpose a sanitarium for the care of those afflicted with tuberculosis.

"Resolved, That we ask and urge all Federated Clubs and other societies to adopt similar resolutions and forward them to their representative at the next meeting of the legislature."

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#### THE FIFTY-NINTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION.

(This abstract was kindly furnished by the Secretary of the A. M. A.)

The Fifty-ninth Annual Session of the American Medical Association was held in Chicago June 2 to 5. For the first time since the St. Paul meeting in 1901, the Association met in the center of the country. To this fact, as well as to the greatly increased membership in the last few years, is due the large attendance. The registration office opened at 8:30 on Monday morning and it was apparent almost from the start that all previous records of attendance would be broken. In the four days of the session 6,447 members were registered. Including those Chicago members who did not register, there were at least 500 in attendance whose names do not appear on the registration list. The actual attendance would not fall far short of 7,000. Adding at least 10,000 guests, exhibitors, etc., makes the actual number of persons in attendance about 17,000. The weather was of that well-nigh perfect brand that Chicago can exhibit at times, being bright and clear, yet pleasantly cool and bracing. The general headquarters and registration offices were located in the First Regiment Armory at Sixteenth and Michigan avenue, where were also found the Sections on Stomatology and Pathology and Physiology, as well as the House of Delegates, Commercial Exhibit, Scientific Exhibit, etc. This building, one of the finest national guard armories in the country, served admirably for convention purposes. The meeting places for the other ten sections were the First and Second Presbyterian churches, Sinai Temple, the Calumet Club and Grace Church Parish House, all within a few blocks of the general headquarters and the Orchestra Hall in the downtown district, in which the Section on Surgery and Anatomy met. This hall, one of the handsomest auditoriums in the city, seats 2,500 and was supposed to be ample for the meetings of this section, yet it

was on several occasions inadequate, being crowded to the doors.

The House of Delegates was called to order on Monday morning at 10:00 by the President, Dr. Joseph D. Bryant of New York, who in his presidential address commended the work of the Council on Pharmacy and Chemistry as well as that done by Dr. McCormack in educating the public. He also recommended that a standing committee be established to elaborate the ethical principles underlying the practice of medicine and that general instruction in ethical medicine be made a part of the undergraduate course. He dwelt particularly on the efforts now being made to restrict animal experimentation and recommended action by the House of Delegates on this subject. Dr. Bryant also called attention to the invitation extended by President Roosevelt to him as President of the American Medical Association, to take part in the conference recently held at Washington on the conservation of natural resources.

The report of the General Secretary showed that the membership of the Association on May 1, 1908, was 31,343, a net gain for the past year of 3,828. The reports received from state associations regarding the organization of branch associations showed that two states had voted in favor of their establishment, seven had voted against and the remainder had at the time of the publication of the report taken no action. The appointment of a committee to consider uniform provisions for the regulation of county, state and American Medical Association membership was recommended. A communication was presented from the secretary of the American Medical Association for the Advancement of Science, asking that the American Medical Association appoint representatives to the Council of that body.

The report of the Board of Trustees included the customary report from the auditing company, showing that the entire business for the fiscal year of 1907 was \$385,030.89; that the total expenditures of the year had amounted to \$356,222.21, leaving a net revenue for the year of \$28,808.68. Detailed statements of all the accounts of the Association's business were given, showing the items in each case. The report showed that during 1907, 2,715,293 copies of the JOURNAL had been issued, forming a weekly average of 52,217, an increase of 12 1-2 per cent over 1906.

The Committee on Medical Legislation reported that the Army Medical Reorganization Bill and the Carroll-Lazear Pension Bills had become laws during the last session of Congress. The importance of uniform and adequate state legislation on the practice of medicine and the pre-

servation of public health were emphasized as well as the necessity of careful study of the problems involved. The committee recommended that pending the completion of the work now being done only those changes in existing laws which are imperatively needed should be attempted by state associations. The formation of the Vital Statistics Bill endorsed by the United States Census Department, the American Public Health Association, the Conference on Uniform State Laws of the American Bar Association and the American Statistical Association, was reported and the endorsement of the House of Delegates was asked for this measure. The report of the Chicago Conference on Medical Legislation was also given.

The Council on Medical Education reported that the work of the Council during the past year had been along the following lines:

1. The inspection and classification of medical colleges as (a) acceptable, (b) doubtful and (c) unsatisfactory.

2. The conducting of an annual conference with representatives of state examining boards and leading educators for the discussion of the important problems of medical education and medical licensure.

3. The collection and compilation of data regarding (a) medical college students and graduates and (b) regarding results of state license examinations.

4. A thorough investigation of preliminary and medical education in Europe.

5. Working for the advancement of the requirement of preliminary education in the United States to include a year's work in physics, chemistry, biology and modern languages.

6. Obtaining accurate information regarding high schools and universities in their relation to medical education.

The Board of Public Instruction reported that it had secured a secretary, Dr. R. Max Goepp of Philadelphia, and that it was considering the establishment of lecture systems and of state boards of public instruction and intended to publish articles in the magazines and public press for the enlightenment of the public on disease.

The Committee on Ophthalmia Neonatorum advised the enactment of laws in each state regarding the registration of births and placing the control of midwives in the hands of the boards of health; that health boards distribute circulars to midwives and mothers on the dangers and prophylaxis of this disease; that state and local boards of health prepare and distribute proper prophylactic solutions with specific directions for their use; that proper records be main-

tained in all hospitals in which children are born; that periodic reports be made by all physicians to boards of health; that concerted effort be made along the lines of public education throughout the country. This report was approved by the chairman of the Sections on Ophthalmology, Obstetrics and Diseases of Women, and Hygiene and Sanitary Science.

The Committee on Scientific Research recommended the appropriation of \$200 for the assistance of each of the following:

Drs. D. J. McCarthy and M. K. Myers, Philadelphia, "An Experimental Study of Cerebral Trombosis."

Dr. Karl Voegtlin, Baltimore, "Chemistry of the Parathyroid Glands."

Dr. Isabel Herb, Chicago, "A Study of the Etiology of Mumps."

Drs. R. M. Pearse, Albany, N. Y., H. C. Jackson and A. W. Elting, "A Study of the Elimination of Inorganic Salts in a Case of Chronic Universal Edema of Unknown Etiology with Apparent Recovery."

Dr. H. T. Ricketts, Chicago, "An Investigation of the Identity of the Rocky Mountain Fever of Idaho with that found in Western Montana."

On Tuesday afternoon, at the third meeting of the House, the reports of the Reference Committee were taken up, the Reference Committee on Medical Education approving the work of the Council on Medical Education and recommending that it be continued. The Reference Committee on Reports of Officers recommended the appointment of a committee of five to consider the elaboration of the Principles of Ethics. Resolutions condemning the legislative efforts to restrict animal experimentation were presented. The action of the Board of Trustees in preparing the second edition of the Directory was approved. The Reference Committee on Legislation and Political Action recommended the approval of the model law for vital statistics, which recommendation was adopted. The resolution presented by Dr. A. T. McCormack of Kentucky requesting all state associations publishing or controlling medical journals to restrict advertisements to such preparations as were approved by the Council on Pharmacy and Chemistry was adopted. A committee of three to confer with a like committee from the American Pharmaceutical Association in regard to drug reforms was authorized. The candidacy of Dr. C. A. L. Reed of Cincinnati, for the United States Senate was endorsed.

On Thursday afternoon the annual election took place with the following results:

President—Dr. William C. Gorgas, Ancon, Panama.



First Vice President—Dr. Thomas Jefferson Murray, Butte, Mont.

Second Vice President—Dr. John A. Hatchett, El Reno, Okla.

Third Vice President—Dr. Thomas A. Woodruff, Chicago, Ill.

Fourth Vice President—Dr. E. N. Hall, Woodburn, Ky.

General Secretary—Dr. George H. Simmons, Chicago, Ill., re-elected.

Treasurer—Dr. Frank Billings, Chicago, Ill., re-elected.

Trustees to serve until 1911—Dr. Wisner R. Townsend, New York; Dr. Philip Mills Jones, San Francisco; Dr. William T. Sarles, Sparta, Wis.

The following nominations were made by the President and confirmed by the House of Delegates:

Committee on Medical Legislation: Dr. Charles Harrington, Boston, Mass., to serve until 1911.

Council on Medical Education: Dr. Victor C. Vaughan, Ann Arbor, Mich., to serve until 1911.

Committee on Transportation and Place of Session: Dr. M. L. Harris, Chicago, chairman, for three years.

The following were elected honorary members:

Dr. Edward F. Schaefer, Edinburg, Scotland.

Dr. August Martin, Griefswald, Germany.

Dr. E. Treacher Collins, London, England.

The Committee on Awards reported the following awards in accordance with the report of the Committee on Scientific Exhibit:

Dr. H. T. Ricketts: Gold medal for research exhibit on tick fever.

Dr. Fenton B. Turck: Diploma for exhibit illustrating pathology of peptic ulcer.

Northwestern University Medical Department: Diploma for teaching exhibit, illustrating morbid anatomy.

Rush Medical College: Diploma for teaching exhibit, illustrating morbid anatomy.

Dr. Charles H. Beard: Diploma for exhibit of drawings of the human eyeground.

Dr. Maxmillian Herzog: Diploma for exhibit, illustrating early human embryology.

St. Mary's Hospital, Rochester, Minn.: Diploma for clinical and pathologic exhibit of stereoscopic photographs.

Dr. Edmond Souchon: Diploma for improved method for the preservation and exhibition of anatomic specimens.

Dr. A. M. Stober, Cook County Hospital: Diploma for exhibit, illustrating blastomycosis.

Dr. Mallory and Dr. Wolbach (Harvard): Diploma for exhibit of drawings and photomicrographs, illustrating the classification of tumors.

United States Public Health and Marine Hospital Service: Honorable mention for exhibit, illustrating the investigations of Dr. C. W. Stiles on hookworm.

Iowa State University: Honorable mention for instructive tuberculosis exhibit.

Cincinnati Hospital: Honorable mention for creditable group of specimens.

Philadelphia Polyclinic: Honorable mention for creditable exhibit of group of teaching specimens.

Lying-In Hospital of New York: Honorable mention for creditable exhibit.

The Committee on Transportation and Place of Session recommended Atlantic City as the next meeting place, which choice was agreed to by the House of Delegates.

The Reference Committee on Legislation and Political Action reported, requesting the Committee on Medical Legislation to arrange for a conference with the Committee of One Hundred, the Surgeons-General of the Army, Navy and Public Health and Marine Hospital Service with a view to securing co-operation on the establishment of a National Department of Health. After the transaction of some routine business the House adjourned.

One hundred and thirty-four members of the House were present out of a total membership of one hundred and forty-one. The meetings of the House were better attended than at any time since its organization. The business was dispatched with accuracy and rapidity, the most notable tendency being the reference of resolutions, communications, etc., to the appropriate reference committee without discussion, reserving the consideration of the questions involved until the reference committee had considered the matter and submitted a report.

The social events of the week were particularly attractive. On Monday night the secretaries of the state associations and the editors of the state journals met at dinner and completed the organization of a State Secretaries' and Editors' Association. A dinner to foreign guests as well as a number of other social events also occurred on Monday evening. On Tuesday evening twenty-seven alumni dinners were held in the various hotels and restaurants throughout the city, the largest being that of Northwestern University Medical School, held at the Illinois Athletic Club, at which over 800 alumni were present. On Wednesday evening the President's reception and ball was held at the Coliseum, thousands of members and guests being present. On Thursday evening the local profession tendered the members of the Association a smoker at the Coliseum, at which the attendance

amounted to about 8,000. Numerous social attractions were provided during the day for the ladies and guests, including receptions at the South Shore Country Club, Chicago Woman's Club, etc. The sections were all largely attended and the programs were of a high order. The session was in every way the most noteworthy of any which has yet been held and it is anticipated that some years will elapse before the record established will be surpassed.

### CHICAGO REUNION OF TULANE ALUMNI.

During the meeting of the American Medical Association recently held in Chicago, there was inaugurated a reunion which promises to become a permanent feature during the annual meetings of the Association. We refer to the banquet of the Alumni of Tulane Medical College. The banquet this year was held on the evening of June 2, at the Union Hotel.

There were gathered together on this occasion representatives of various classes extending from the year 1867 to that of 1907. Not only were the years fairly well represented, but the representatives on this occasion were from many different states and sections of this country.

The toast-master at the dinner was Dr. W. A. Evans, of the class of '85, who occupies the position of Health Commissioner of Chicago, also that of Professor of Pathology of the Medical Department of the University of Illinois.

It is particularly gratifying to the Alumni of Tulane to find the old college represented so ably as is done by Dr. Evans, and his appointment of Health Commissioner of Chicago is unique in the history of municipal affairs.

The present mayor of Chicago being honestly convinced that he was unable to properly select a physician to control the Health Department of the third largest city of the United States, voluntarily delegated to the Cook County Medical Society the power of appointment. It was as a result of the deliberations of that body that Dr. Evans was selected.

Nearly all of those present responded to toasts on request of the chairman, Dr. Evans,

and it was extremely pleasing to hear the words of praise that each and every one of the participants uttered in appreciation of his Alma Mater.

At the close of the banquet a resolution was unanimously adopted that these reunions be held during each succeeding meeting of the American Medical Association, bringing together as they do, the Alumni of Tulane, who perhaps would not otherwise have the pleasure of coming together and exchanging mutual experiences; and further that journals reaching former students be requested to make a note of this occasion.

Among those present at the alumni banquet during the meeting of the American Medical Association were:

Dr. Edmund Souchon, 1867, Professor of Anatomy and Clinical Surgery, Tulane.

Dr. Rudolph Matas, 1880, Professor of Surgery, Tulane.

Dr. Luther Sexton, 1882, Lecturer on Surgery, Tulane.

Dr. D. E. Griffith, 1888, President Kentucky State Medical Association.

Dr. F. R. Tolson, 1882.

Dr. W. W. Butterworth, 1894, Professor on Diseases of Children, Tulane.

Dr. H. J. Scherck, 1889, formerly Chief District Surgeon Municipal Dispensaries.

Dr. Joseph A. Danna, 1901.

Dr. J. C. Berwick, 1900.

Dr. Hugh B. Goffey, 1901.

Dr. W. R. Buffington, 1899.

Dr. Lucian H. Landry, 1907.

Dr. W. C. Brewer, 1901.

Dr. Morgan Smith, 1904, Secretary Arkansas State Medical Society and Editor State Medical Journal.

Dr. L. B. DeBuys, 1904.

Dr. Alexander Magruder, 1900.

Dr. John Smyth, 1900.

Dr. Sidney K. Simon, 1903.

Dr. W. A. Evans, 1885, Health Commissioner, Chicago, and Professor of Pathology, Medical Department University of Illinois.

Dr. Marcus Fengold, Professor Ophthalmology.



Dr. Hugh Blake Williams, 1884, Professor Ophthalmology, Illinois Medical College.

Dr. Allen.

Dr. Parsons.

Dr. J. T. Jelks, 1904, Editor Hot Springs Medical Journal.

Dr. Charles McVea, 1893.

Dr. Porier.

Dr. F. W. Parham, 1879, Professor Surgery, Tulane.

Dr. Thos. Regan, 1891.

Dr. H. M. Folker, 1894.

### THERAPEUTIC SUGGESTIONS.

*Nutrient Enema*—In diseases of the stomach and intestines when it becomes necessary to give nutrient enemas, Boyd and Robertson use the following:

The yolks of two eggs.

30 G. (i oz.) pure dextrose.

O. 5 G. (7 gr.) common salt.

Pancreatized milk to 300 c. c. (9 oz.)

To make the colon more tolerant, 10 drops of laudanum may be added.

*Hemorrhoids*—For external hemorrhoids, Allingham proposes an ointment consisting of:

Calomel .....gr. xxx;

Ext. opium,

Ext. belladonna aa.....gr. x;

White vaseline.....oz. i;

Apply locally.

*Warts*—To remove warts, apply the following twice daily:

Chloral hydrate.

Acetic acid, aa.....dr. iss;

Salicyelic acid,

Spts. ether, aa.....dr. i;

Collodion .....dr. iv.

*Bile Duct Obstruction*.—McFadden Gaston, in an article on "Remedial Measure in Obstruction of the Bile-Ducts," recommends one teaspoonful of the following mixture to be taken three times daily:

Fld. ext. taraxacum.....oz. i;

Dilute hydrochloric acid.....oz. 1-2;

Essence of pepsin.....oz. iv.

*Locke's Formula*—Probably the best formula for normal saline solution is that of Locke's, and is composed of:

Chloride of sodium.....dr. ii;

Chloride of calcium.....gr. iii 3-4;

Chloride of potassium.....gr. i 1-2;

Sterilized water.....O. ii.

*Pharyngitis*—Dr. Siebert, of New York, is partial to the following prescription in the inflammatory condition of the throat following diphtheria:

Iodide of potash.....gr. xv;

Tinct. iodine.....dr. 1-2;

Phenol .....m x;

Distilled water.....oz. iv.

One teaspoonful from one to three hours apart.

### Communications

#### UNAUTHORIZED USE OF NAME.

Hot Springs, Arkansas, July 9, 1908.

To the Editor:

A certain firm of chemists of New Orleans, La., having used my name without my knowledge or consent on a pamphlet advertising one of their products, I am taking the means of the enclosed circular letter to put myself right with any of the profession who may have seen one of these pamphlets:

"It having come to my knowledge that a certain firm of chemists in New Orleans has circulated a pamphlet exploiting one of their products and has attached portions of purely commercial correspondence from me thereto, I beg to make this explanation.

"The letters published are not as I wrote them, portions being suppressed where it suited their purpose best. The publication was without my knowledge or consent, and in thus publishing and changing a business correspondence the firm has been guilty of a breach of confidence, and has done me a great injustice. I wish further to state that I have never written an endorsement of any preparation for publication; have never signed a business letter 'Dr.' or 'M. D.', and am in no way interested in their exploited product.

"It is an outrage for which I shall attempt

legal redress, and I am also taking the matter up with the postal authorities."

Hoping that any misjudgment of me for such apparent unethical procedure may be corrected by this explanation, I am,

Yours truly,

E. H. Martin, M. D.

Dugan-Stuart Building.

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### A PATENT MEDICINE VENDOR COMES TO GRIEF IN MISSISSIPPI COUNTY.

Osceola, Ark., July 10, 1908.

To the Editor:

A few days ago, an itinerant vendor, of the patent medicine persuasion, accompanied with the usual combination of two or three negroes banjo, bones and guitar, made his appearance on the streets of our city, and, after a song and a harangue to drum up the crowd, mounted a box and began an oration, in which he explained the wonderful properties of the wonderful medicine he had for sale. Nothing like it had ever been thought of before, and there was no disease to which humanity was heir but could be relieved by its judicious use. Soon after he commenced he was approached by Drs. Collier and Howton, who called his attention to the fact that he was not only violating the truth in his assertions, but that he was violating the medical law of the state, and was laying himself liable to a fine if he persisted in selling his wares. He defiantly straightened himself up and told them that he had consulted the Attorney General, at Little Rock, and had been assured by him that he was violating no law, and that he had a perfect right to sell his medicine. Drs. Collier and Howton told him if he did not stop at once they would proceed to have him arrested, which they did, and he was arraigned before a Justice. He employed Judge Geo. W. Thomason and Col. J. T. Lasley to defend him, and when arraigned they demanded a trial by jury, hoping in their ability to select a "suitable one," the law might be evaded and their client go unpunished. The first trial resulted in a

hung jury and the second trial was had yesterday.

The prosecution was represented by Hon. Clyde Going, the prosecuting attorney of this district, his deputy at this place, Mr. Barham, and the Hon. W. J. Driver, the latter employed by Drs. Collier and Howton. A jury was selected and the evidence presented and the learned gentlemen for the defence strove to their utmost to sway the jury to their way of thinking; but the result showed that right had prevailed, and the verdict was that the "doctor" was guilty as charged, and he was fined ten dollars and costs. This man's name is Blochner, and he is the same who tried to sell his stuff on the streets of Paragould, and was brought to account by the officers of the law at that place.

Drs. Collier and Howton deserve the thanks of the profession for their determined effort to see the law upheld, as they did in this case, and am sure that they will receive it. The medical profession will receive its just deserts from the public only when a determined front is presented, a thing we can do only when we are organized.

Faternally,

Thos. G. Brewer, M. D.

Sec'y. Mississippi County Medical Society.

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Dublin, Ireland, July 10, 1908.

To the Editor:

After enjoying a trip in the southern part of Ireland, we are traversing the north, and are at Dublin, the largest city and capital of this country. The people do not appeal to one, lacking as they do the vim and energy so characteristic of Americans. After visiting with the remainder of the party the principal points of interest, Dr. Meek and I went to the Medical Department of Trinity College. Here we met Dr. Walter G. Smith, Professor of Materia Medica, who was very courteous, regretting the lateness of our visit, as the lectures were over for this term, and the students were taking their final examinations. The doctor showed us his museum, containing



specimens of everything in *materia medica*. From here we were conducted to the museum of the college, which department was very complete and large, too much so for me to describe in this letter. The room was about 100 feet long by 40 feet wide, and was filled with cases containing anomalies and diseased conditions of human beings and animals. We are informed that these specimens would soon be catalogued.

From here we went to the Physiological Laboratory, of which Dr. F. O. B. Ellison has charge. This was equipped with all modern appliances, electrical apparatus, and animals in cages for experimental purposes, also all things necessary for obtaining blood pressure. Upon our asking why they had so small a number of students, we were told that there were three other medical colleges in Dublin; then again the requirements were high. I understand that 17 out of 26 who came up for final examination failed. This year there were 70 matriculates, but the average for several years past has been between 50 and 60. This institution is supported partly by the State, and is endowed. It is also self-governed and self-policed—a fact upon which particular stress was laid. All of the professors receive a salary, and a few do outside practice.

Dr. Andrew Dickson, Professor of Anatomy, who was conducting his examinations, sent his first assistant, Dr. H. M. Johnson, to escort us through his department, the Anatomical Building, which, I must say, was large, airy and clean. The floors were of polished hardwood, the tables of steel frames and white marble slabs; the cadavers were absolutely free from odor. Upon inquiring what method they use in preparing same, we learned they use the same procedure the undertakers do. In the center of the room was a bin containing a large number of bones and skeletons for the free use of the students. There was also a very complete X-ray Laboratory associated with the school. Taking it all in all, I think their methods are more thorough than ours, in which decision Dr. Meek fully agrees. You can see from the prospectus I am sending you that the course is a five-year one.

From here we went to the Misericordia

Hospital, established in 1840, by the Sisters of Mercy, the cost being defrayed by them. They have seven acres of ground with beautiful lawns and flowers. Sister Mary Burtman was in charge with thirty-two sisters, nineteen nurses, three house surgeons and two physicians. The nurses have a four years' course, two years being spent in hospital work and two in private duty. The institution receives two dollars and seventy-five cents (\$2.75) for each twelve hours of the nurse's service while on special cases; and they—the nurses—receive in return about \$100 a year, including all living expenses. At the completion of their four years' study they are given a diploma.

This stone structure is four stories high, very massive, and has 350 to 380 beds, and has a daily average of 300 patients. Its wards are 30 by 50 feet, and contain from 14 to 16 beds. These beds are of white enamelled iron with adjustable woven wire springs and hair mattresses. At the foot of each is a small shelf on which is kept the medicine and chart for the patient. All charitable cases are received by the sister in charge and referred by her to the resident physician for examination, and are sent by him to the various wards. This being purely a charitable institution there are many throughout Ireland who subscribe towards its maintenance, thereby being known as subscribers, and have the privilege of sending charitable cases to the hospital. It is estimated that the cost of a bed here is from \$110 to \$135 a year. Two beds are kept by the assistants for their own use. All of the wards except four are evenly divided between medical and surgical cases. These four are reserved for diseases of the eye, ear, nose and throat, and are treated by Dr. Warner. There are also a number of semi-private departments, where the patients pay about \$5.00 a week and their own doctor bills. In connection with this hospital they have six houses where the individuals pay \$20.00 a week and their own doctor fees.

Charity patients have only two visiting days, viz., Sunday from 2 to 3:30, and Saturday from 12 to 1:30. The X-ray building is under the charge of Dr. Maurice Hayes, who has spent

three years at Bartholomew's Hospital, London, and it is separate from the main part.

The pathological department is under the charge of Professor McWillney, and all pathological specimens are examined here.

There is also a large outdoor clinic connected with this institution, controlled by a staff of physicians known as Stewards of the hospital. All patients here that are able are required to pay 4 cents for each consultation. Destitute cases are treated free.

There is also a fine post-mortem room with four marble tables. At the time of our visit there, they had two subjects, both women, one had died of a cerebral hemorrhage, the other of cancer of the stomach.

Opposite this room was a small chapel where services are conducted for the outside burials. On the first floor of the main building there is a larger chapel for general use.

The operating room and amputheater, with a seating capacity of 200, were on the top floor. The room was finished with white tiles, floor and walls, and had a good northern light. This was under the charge of a sister and three trained nurses. The sterilizing and anaesthetising apartments adjoin this, and in the latter I noticed that ether was used exclusively.

All classes of contagious diseases are kept here for awhile. An outer building, known as St. Joseph's, is for the use of the consumptives.

Not having the time, I cannot visit any other institutions in Ireland, but have been informed that there are several very fine ones at Belfast, where we now are.

This morning we were received by the Lord Mayor of Belfast, Sir Robert Anderson, M. P., and were shown through the Executive Mansion. We were also pleasantly entertained by the American consul and a Mr. Black, the secretary of the local Y. M. C. A.

We leave for Scotland tomorrow, and after visiting the various cities, I will write again.

Yours truly,

W. P. Illing, M. D.

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#### CHANGE OF ADDRESS.

Dr. J. G. Omelvena of Fort Smith, to Midland, Ark.

#### NEWS ITEMS.

We are pleased to welcome the Oklahoma State Medical Journal into the ranks of state medical journalism. The first number was issued in June under the editorship of Dr. E. O. Barker, of Guthrie, the place of its publication. Mechanically it is neat, and editorially promises to meet the most sanguine expectations of the 1000 members of the Association.

IMPROVEMENTS FOR THE UNIVERSITY OF ARKANSAS, MEDICAL DEPARTMENT.—The contract between the city of Little Rock, the Medical Department of the University of Arkansas, and Mrs. Logan H. Roots has been signed, whereby a new hospital will be constructed on the lots contiguous to the medical college. This, together with the Isaac Folsom Clinic, which is to be built on the lot adjoining the new hospital, will represent an outlay of about \$80,000, thus affording increased clinical facilities for the college, aside from those which now exist.

SAUNDERS' FORTHCOMING BOOKS.—Messrs. W. B. Saunders Company, medical publishers of Philadelphia and London, announce for publication a list of books of unusual interest to the profession. We especially call the attention of our readers to the following:

Bandler's Medical Gynecology—Treating exclusively of the medical side of this subject.

Bonney's Tuberculosis.

Volume II, Kelly and Noble's Gynecology and Abdominal Surgery.

Volume IV, Keen's Surgery.

Gant's Constipation and Intestinal Obstruction.

Schamberg's Diseases of the Skin and the Eruptive Fevers.

John C. DaCosta Jr.'s Physical Diagnosis.

Camac's Epoch-Making Contributions in Medicine and Surgery.

All these works will be profusely illustrated, with original pictures.

COLLEGE OF PHYSICIANS MAKE EXTENSIVE IMPROVEMENTS.—The Board of Directors of the College of Physicians have made an appropriation of \$16,000 for improvement purposes, and active work is now being done to have every-



thing in readiness for the coming session. Twenty new rooms will be added to the hospital, two new amphitheatres will be built in the Annex, the old college building will be used exclusively for laboratories and class rooms, and the two operating rooms are being newly tiled and brought up to the most modern requirements. The building will be steam-heated throughout.

#### PERSONALS.

Dr. W. P. Illing of Little Rock, and Dr. E. Meek of Argenta, are in Europe visiting the principal hospitals and clinics. They are expected to return early in September.

Dr. Geo. S. Brown of Conway has returned from an extended visit to Chicago and New York.

Dr. S. E. Thompson of El Dorado, one of the active members of the Union County Medical Society, was a recent visitor to Little Rock.

Dr. F. G. Murphy of Brinkley, and Dr. C. M. Norwood of Lockesburg, have returned from Chicago.

Dr. C. R. Shinault, who has been confined to his bed for several weeks, is able to be at his office again.

Dr. C. P. Meriwether of Little Rock left early in July for Europe, and will spend two months at Bartholomew's, London. He will make a short tour of Germany and France before returning.

Dr. E. P. Bledsoe of Little Rock was recently elected to fill the chair of Neurology in the University of Arkansas, Medical Department.

Dr. J. W. Meek of Camden has recently invented and had made a combination catheter and sound which thoroughly meets the indications for which it is used.

#### NEW MEMBERS OF THE ARKANSAS MEDICAL SOCIETY.

Dr. G. S. Altman, Helena, Phillips County.

Dr. C. H. Newkirk, Datto, Clay County.

Dr. Ferry O. Mahoney, El Dorado, Union County.

Dr. Geo. Murphy, Strong, Union County.

Dr. L. D. Wadley, Wesson, Union County.

Dr. C. T. Guthrie, Jessup, Lawrence County.

Dr. J. W. Wallace, Alicia, Lawrence County.

Dr. W. H. Buice, El Paso, White-Cleburne County.

Dr. W. E. Turner, Baxter, Mississippi County.

#### BOOK REVIEWS.

**Bier's Hyperemic Treatment in Surgery, Medicine, and the Specialities.** A Manual of Its Practical Application. By Willey Meyer, M. D., Professor of Surgery at the New York Postgraduate Medical School and Hospital, etc., and Professor Dr. Victor Schmieden, Assistant to Professor Bier, University of Berlin, Germany. Illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Pp. 209. Price, \$3.00.

In view of increasing interest manifested in Bier's hyperemia treatment, and the limitation of its employment in this country, Dr. Willy Meyer, of New York, and Prof. Schmieden, of Berlin, assistant to Professor Bier, have written this monograph descriptive of the principles and methods upon which the treatment is based. Bier was the first to adequately explain the favorable action of induced hypermia, and this little work represents his personal views.

The first part of the book treats of the advantages of the hyperemic treatment over other methods; the methods of inducing hyperemia, and the general rules for application. Full description of the three methods of inducing hyperemia namely, by the elastic bandage, cupping glasses and hot air, are given.

In discussing the treatment of special diseases, the authors say: "Only such will be considered at length, regarding which sufficient experience has been collected to warrant us in recommending the method." Chapter IV treats of the more common surgical affections, traumatisms, acute infections, arthritis gonorrhoeica, osteomyelitis, etc. In the remaining chapters are discussed the treatment as applied in medicine, gynecology and obstetrics, genito-urinary surgery, otology, ophthalmology, rhinology, pharyngology, laryngology, neurology including psychiatry, and dermatology.

The authors do not claim that this treatment is a panacea, but would call attention to its great possibilities. They say in conclusion: "It now behooves the medical profession to accept whatever proof has been rendered, and to work conjointly in further developing the uses of this promising remedy, to establish the indication as to when it should be employed and when it is contraindicated."

The Bier treatment should be put to a thorough

test, and this book is the best exposition of the treatment in print.

**State Board Questions and Answers.** By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polytechnic. Octavo volume of 684 pages. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$4.00 net; half morocco, \$5.50 net.

To any one who has to undergo the trying ordeal of passing an examination before a State Board of Medical Examiners, it is an absolute necessity that he be up-to-date, or refresh his memory by some kind of a review. It has been said that there is no place for the Quiz Compend, and after all, the works of this character are nothing more or less than quiz compends. But there is a place for this very book. It will be profitable for any doctor to read through Goepp's, as it will advance many new ideas, besides bringing to the mind many important things that have been forgotten. The reviewer has read Goepp's carefully in order that its worthiness, or unworthiness might be determined, and we are free to say that it is a good book. It is not a compend dressed in new clothes, and offered for sale under the guise of being questions taken from state boards, but has been prepared for the very field that it is intended to cover. We see no reason why it should not meet with a cordial reception from students and others who wish to refresh their memories, or who desire to pass State Boards.

C. C. STEPHENSON.

**Cosmetic Surgery. The Correction of Featural Imperfections.** By Charles C. Miller, M. D. Duodecimo; 136 pages; 73 illustrations. Chicago: Published by the author. Price, \$1.50.

This little work of 135 pages deals with the correction of featural imperfections, and the author describes the various methods he has found useful and satisfactory in practice. Operations for the correction of outstanding ears, excessively large ears, and the construction of new ears, are described. Reduction of the hump nose, the tip-tilted nose and the nose with the bulbous tip, are very carefully explained. Description is also given of the methods of correcting the imperfections of the lips, nose and mouth. The author does all these operations under infiltration anesthesia. There are many cuts illustrative of the different operations described. It is a very useful little work.

**Gonorrhea. Its Diagnosis and Treatment.** By Frederick Baumann, Ph. D., M. D., Professor of Genitourinary Diseases in the Reliance Medical

College and Instructor in Dermatology and Venereal Diseases in the College of Physicians and Surgeons, Chicago. 206 pages, 52 illustrations. D. Appleton & Co., New York, 1908. Price, \$1.50.

This monograph, written by a specialist of large experience, contains much valuable information concerning the diagnosis and treatment of gonorrhea, and we cheerfully commended its perusal to our readers. It is a valuable little book to have at the elbow.

### BOOKS RECEIVED.

**Diseases of the Nose, Throat and Ear. Medical and Surgical.** By William Lincoln Ballenger, M. D., Professor of Otology, Rhinology, and Laryngology, College of Physicians and Surgeons, Department of Medicine, University of Illinois, etc. Illustrated with 471 Engravings and 16 Plates. Philadelphia: Lea & Febiger, 1908. Pp. viii-17 to 905.

**Personal Hygiene in Tropical and Semi-Tropical Countries.** By Isaac Williams Brewer, M. D., Member of the American Society of Tropical Medicine. Illustrated with 8 Engravings. 12mo, 130 Pages. Bound in Flexible Cloth, Rounded Corners. Price, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

**Diseases of the Heart.** By Professor Th. von Jurgensen, of Tubingen; Professor Dr. L. Krehl, of Greifswald; and Professor Dr. L. von Schrotter, of Vienna. Edited, with Additions, by George Dock, M. D., Professor of Medicine, University of Michigan. Illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Pp. 848. (Price, cloth, \$5; half morocco, \$6.)

**Medical Gynaecology.** By Howard A. Kelly, A. B., M. D., LL. D., F. R. S. C. (Hon. Edinb.), Professor of Gynaecological Surgery in the Johns Hopkins University and Gynaecologist to the Johns Hopkins Hospital, Baltimore, etc. With One Hundred and Sixty-three Illustrations. New York and London: D. Appleton & Co., 1908. Pp. xiv-662.

**Diseases of Children for Nurses.** Including Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis, Hygiene, and Nursing. By Robert S. McCombs, M. D., Assistant Physician to the Dispensary and Instructor of Nurses at the Children's Hospital of Philadelphia. Octavo of 431 pages, Illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$2.00 net.



# THE JOURNAL

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NO. 3

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### *Original Articles.*

ADDRESS DELIVERED BY DR. JOSEPH PRICE, OF PHILADELPHIA, AT THE GENERAL MEETING OF THE THIRTY-SECOND ANNUAL SESSION OF THE ARKANSAS MEDICAL SOCIETY.

*Mr. Chairman and Friends of the Arkansas Medical Society:*

I am indeed glad to meet so many members of this Society on this occasion; and I must say it is a great pleasure to me to be here. It is an honor I appreciate to address a full grown, healthy, and progressive society of medical men, and especially an organization of such thrifty character as I see before me. It is a pleasure to meet the members of my profession and a strong representation of a very important and noble profession. It is folly for me to allude to the importance of our profession, its humane and scientific character and its power for good, after listening to the speakers who have preceded me; and who have delivered what I might call inspiring addresses on my profession; one that I prize above all others and one that I have long deemed the most important profession in existence. Possibly, I might except the ministry as one of a higher order, or more important, if we consider the importance of saving people's souls, preventing their degeneracy, their retrograde tendencies. That I will say is highly essential.

We have all sorts of waves of moral reform sweeping over our land. We have a great religious movement at the present time. Several states have voted for prohibition recently. Alabama has virtually joined the temperance column. Several have done things of which we may justly feel proud. My own city has done much for the public weal, and the state has taken a decided step forward, due to the efforts of the physicians and humanitarians.

Higher education of women is vital. We cannot have cultured boys and girls, or capable of culture, without cultured mothers. We should abolish the ignorant child's nurse and employ

only educated nurses and cultured companions throughout the formative and developmental period of a child's life. Our children should be graduating at fourteen and fifteen with better education and more wisdom than they have at present at twenty-four.

One thing to be taken into consideration, is that we should begin the education of our children when they are born or a century before they are born. We should feed them on fresh and wholesome food, not cold storage articles. We must realize that we can educate our boys in the right way, if we give them sound minds and sound bodies, and educational advantages commensurate with sound minds and sound bodies. Considering that it is essential that we have big people, we must take an advanced step. We must have them, and to have them we must educate our women. Note, if you please, the Spanish women. At the beginning of the Spanish-American war, 90 per cent of the Spanish women could not read, and five thousand out of seven thousand could not have quoted a half dozen lines from any Spanish author correctly. So, I want to emphasize the fact that we ought to extend to our women every educational advantage, that they may be thoroughly equipped for life's responsibilities.

We have made most rapid strides in the progress of my noble profession, and I trust that through intelligent efforts we shall set in motion such agencies as will procure the better education of women in all of the forty-six states of the United States. We want strong mothers. We need more intelligent women.

It is folly for one to say higher education impairs women in any way; it is simply absurd. The more the intellect is aroused the more you stimulate the latent ambition within her and the more essential it is to her well-being. Educate the men and they become the advocates of higher education for the women. By higher education, as I understand it, we mean a broad education; and a special education is a broad education or training applied to some particular task. We

rely upon that for special achievement along certain lines. In this respect my profession is something like mechanics. We have a thousand master mechanics in this country. We have very few specialists. My profession needs them. You need them in every state of the Union; we need specialists in every day life. You need them in every district and county society. My profession needs thousands of them; they are in demand over the world.

For instance, in your state you have seventy-five counties. You should have seventy-five polyclinics; seventy-five post-graduate schools. You have seventy-five poor houses in your seventy-five counties. You have them full of good material—good material that ought to be made self-supporting. Instead of that you have seventy-five paralytics, or seventy-five inguinal hernias; or seventy-five other troubles that keep them from making for themselves a living, and they are therefore dependent upon the industry of the people. Your seventy-five poor houses, then, really give no relief, at best, and constitute a hardship on all. The material of every poor house should be used for the enlightenment of every county society. In Germany what do they do with these people? They restore them to usefulness; make them wage earners, educate and train them and make them independent; so that they cease to be a charge or dependent upon the industry of the people at large. That simply means that we should have adopted a similar plan in this country.

I insist upon it that wherever you have a town of four thousand people and good doctors, it is essential that you should have your little hospital. We should cease to transport patients, carrying along and distributing the infection with them perhaps, and contaminating the country through which they pass, and rendering their condition materially worse by a journey, often so trying as to result in death. We are slow to improve. People who should be the first to advocate improvement in these matters, hesitate. We, in our small cities and towns, need hospitals for our sick and for the education of our practitioners who are not able to go away from home to attend clinics and to complete their medical education by post-graduate courses. All these advantages may be offered by the small, modestly equipped hospital, and there are tremendous possibilities involved in the opportunity thus offered the earnest practitioner to enlarge his scope of usefulness. Instances innumerable I might name verifying this assertion. Truly, we may congratulate ourselves upon our personal work, where the results seemed to us to border on the miraculous; but I believe I can safely say, we may accomplish far more by stimulating

others to work and encouraging them in their efforts.

For instance, within the last four days I have met four of my old pupils. One of them tells me he has had 138 appendectomies, with one death. I patted him on the back and congratulated him and asked him why he had not saved the other one. "Well," he said, "I should have saved the other one; it was my fault. I delayed operating for three or four days, hoping for improved condition, and in the meantime peritonitis had set in." I said, "You should not have waited; you should have settled the question before the disease had done any mischief. You might have settled that question by simple, innocent extirpation. Then, you might have saved that life."

Now, I have great pleasure in being here; it inspires me to see such a large representation of scientific men. It is a pleasure that I find in other states, as well, for the good work goes right along everywhere. This meeting to me is especially pleasant, when I call to mind a distinguished member of our profession now living in New York, who began his professional career in the backwoods of your state; one whom every citizen delights to honor—Dr. John Allen Wyeth. (Applause.)

We cannot estimate too highly the importance of small beginnings, however simple the means employed, where genius is the handmaiden. Ephraim McDowell organized his clinic in his kitchen with a howling mob raging at his door, vowing vengeance if the outcome were unsuccessful. Now his grave is marked by a column of Virginia granite, that simply perpetuates his name to a grateful world.

Marion Sims began his work for the alleviation of a loathsome affliction, in Alabama. He appealed to the institutions of the world for knowledge, that might afford some relief to these miserable people of the cotton fields. The replies came that palliative interference had been attempted by the representative surgeons of Europe and that they had failed; that their surgical skill was utterly baffled. Undismayed by this dismal prospect, the suffering of these poor women so appealed to his humanity and aroused his sympathy that he resolved to do his best to relieve them. Four women submitted to treatment; and he organized his first rude hospital in a shed in his back yard, a small stable. There he kept his four patients. After thirty attempts and failures, finally, as a result of his excellent work, he was rewarded by a glorious triumph. Without anesthesia and the modern appointments of a hospital, he succeeded in curing these first four women. Then he went to New York to teach the world his discovery. From there he went to



Europe. The French students voted him twenty francs for object lessons in demonstration.

The next step in the specialties in America which we may mention is that of Thos. G. Morton, who demonstrated the feasibility of removing the appendix. This achievement is known and appreciated from the hills of Maine to the Pacific slope, and added luster to the bright honors of the profession and added another specialty that has meant so much to the world, and has done so much to advance the profession.

In America, I am proud to say, have been achieved the greatest successes in operative surgery, the most thorough and painstaking investigation and pioneer movements in surgical procedure.

Ovariectomy had its origin in Virginia and Kentucky. Vaginal hysterectomy in New Orleans, two hundred years ago. A deliberate, premeditated, perfect operation. The early literature and classical discussion of ectopic pregnancy and the early operations were of American origin.

They were the beginning of the great honors of the profession. I can look back and say that I feel very proud of what has been accomplished by the American profession when I contemplate the great achievements and those great advance steps for the relief of human sufferers along the lines I have indicated in the last one-half century. Again, ovariectomy was revived by John Light Atlee, in 1843, in America. Pelvic surgery, so common and so vital for the relief of suffering women and the saving of their lives, was devised by Robert Battery of Georgia.

The perfected procedures, both supra- and infrapubic were ingenious and wise. He was more than one-fourth of a century ahead of his profession. He was honest, honorable and truthful, and a past-master in surgical wisdom and gave us our present saving and conservative pelvic surgery.

At one time I can remember that whole communities were decimated by the ravages of appendicitis. It is true it was called by other names, to which I may allude. We were asked, "What does this mean? Didn't we have appendicitis in the olden times?" Yes, it was common; but it was not known as appendicitis; it was called by different names. Typhilitis, perityphilitis, colic, peritonitis, idiopathic peritonitis, coecitis, entero-colitis, "dry gripes" and "wet gripes." (Laughter and applause.) For instance, I have a bill, which was rendered for 4 shillings and 6 pence for the "treatment of Mrs. ———, who died of "dry gripes."

I can remember my little playmate dying of appendicitis. Same sort of complication that is commonly recognized now; with the classical symptoms of pain, nausea and vomiting, temper-

ature of 100 or 101, rigid or set abdominal muscles. I remember distinctly the great number of children that died. Now, all these children are saved. My noble profession is giving them a chance, and not permitting the youth of the country to be lost in such large numbers.

It is a great pleasure to be here, and for this privilege alone I wish to thank you. Many times you have honored me by visits in Philadelphia. A great many of your profession have visited Baltimore, and visited other eastern educational centers. From time to time, during the last quarter of a century, you have, at great expenditures of time and money, left your home, your families and all other interests, and taken a long journey to get the best; that you might return to your post of duty better equipped for your great work at home. I wish to say that you deserve great credit for the effort you have made and are still making to thoroughly educate yourselves. I find this generally true, however. For instance, we have in Philadelphia at least four of these institutions. Recently we had a number of doctors from California. They cross this great continent every two years to pick out something new if it exists, at the eastern institutions of learning. We want more of these visitors. Let it be your educational opportunity; let the desire for more knowledge be uppermost. Our first thought always should be how may we elevate our fellow-men, and give him the benefit of religious, moral and social advantages, and the results of the best medical training. I am aware that large sums are being donated for the purpose of establishing great libraries in our commercial centers; but to my mind the great need of the hour is a more general education. We want to reach the rank and file, the children; whether it be in the mountains of Kentucky, Tennessee or Virginia, we want to give them a practical education. If the orphans, or children of poor parents should ask us for literature, so far as Little Rock is concerned, we could easily give it to them. Literature is cheap and it is abundant; but we want knowledge. We want first of all to begin with the fundamental principles. We want to lift up the curtains of education and begin the elevation of mankind and the rest will be easy. We want sound bodies and sound minds first, then mental and moral improvement will follow in due course.

Sometimes we hear men say much about Lincoln and his lack of collegiate training, which hampered his progress. That is a mistake. His knowledge was the result of thorough application, and this is true of all self-educated men. I often feel that if Lincoln could have visited Chicago University or Yale in recent

years, and engaged in a debate with President Harper or Hadley on any question of logic, that in the discussion Lincoln would have downed them—literally mopped both of them up! (Prolonged applause.)

#### RUPTURE OF THE HEART.\*

By M. C. Hughey, M. D., Knoble.

Mr. R. A., stout, robust farmer, of good moral character, aged 35, height 4 feet 11 inches, weight 158, on the evening of January 18, became involved in a fisticuff with Mr. B. His adversary seized him and in the struggle both fell from the porch of a store, about two and one-half feet high, to the ground, Mr. A. falling on his back with his adversary on top. He received several blows in the face, which caused considerable contusion. They were then separated and he got up, said he was not hurt, and after attending to some business, drove nine miles in the country to his home. At 8 o'clock in the evening he had a hard chill which lasted until 11 o'clock. On Sunday, the 19th, he had considerable fever.

On Monday, the 20th, he picked cotton. At 7 or 8 o'clock in the evening, while feeding his stock at the barn, he was seized with a severe pain in his head, and at 12 o'clock began having convulsions of a clonic nature. From this time until he died, he was unconscious.

Dr. Cunning was called at 3 o'clock on the morning of the 21st, and arrived at 11 a. m. He found his condition as follows: Pulse, 140; temperature, normal; unconscious; cervical glands about the face and neck, swollen; both pupils contracted, one more than the other.

At 12:30 he had a hard convulsion, from which he soon recovered and got up, walked across the room, layed down on another bed and immediately became cyanosed. His pulse dropped to 40 per minute, and he died at 1 o'clock p. m.

I was summoned on the morning of the 22nd to assist Dr. Cunning in making a post-mortem examination. The cranium was opened, and excepting an inflamed and congested condition of the pia mater, there were no other lesions discovered. The chest was next opened, and the pericardium was found to be ruptured, also the wall of the right ventricle. This opening was large enough to admit the end of my fourth finger.

#### DISCUSSION.

Dr. J. B. Bradford, of Cotton Plant: This is rather an interesting report, and I am glad to have it brought before the Society. I should

think that the rupture possibly occurred during the convulsions and immediately preceding his death, otherwise he would have had pains if it had occurred during, or about, the time of the fight. It is a very interesting case. These are curiosities in the practice of medicine, and I am glad the doctor reported the case.

Dr. M. D. Ogden of Little Rock: Judging from what the doctor says of the case, in my opinion I can hardly see how the rupture occurred at the time of the fight. As I understand the history, he had, probably, some form of apoplexy at the time. The doctor stated that the pia mater was somewhat swollen, and that there was no other brain lesion. I judge that he sectioned the brain all the way down through the anterior knee of the internal capsule where those ruptures usually occur. The condition of the heart muscle can be of such wide variety, as I have seen so often in autopsies, that this case might probably be explained on the theory, and purely a theory on my part, that the apoplexy, causing, as it does, greatly increased arterial tension, and that still further augmented by the convulsions he had, proved too much for the heart muscle, either weakened through an old infarct (the doctor did not state whether there was a scar around the heart) or through, perhaps, a flabby muscle from the result of some of the toxemias, such as the toxemia of nephritis. But the history does not mention any of the acute infectious diseases. The case is an interesting one; it is a rare one; and I think if more of us would do autopsies on these cases, and then report them to the Society, we would have our medical literature and the Arkansas State Journal filled with material which would be valuable, not only from a scientific, but from a practical standpoint.

Dr. Hughey: I will say for the doctor's benefit that there was no scar that I could detect. I was under the same impression as Dr. Bradford that when I found the rupture in the heart that it had occurred during the convulsions; but, on looking up the statistics in regard to it, I found Barth reported twenty-four cases of heart rupture, and he gave the time as long as from two to eleven days after diagnosing the case before death. I find other authors that have given fourteen to thirty-six hours. I also found that authorities differ widely in regard to which portion of the heart is usually ruptured; some give the right ventricle, some the left ventricle and other cavities of the heart. I have not overlooked apoplexy as a cause of the convulsions, but my opinion is that the man had a meningeal trouble, probably infectious, which caused the convulsions. It was a very peculiar case to me, and it is a case of legal interest

\*Read in the Section on Practice at the Thirty-second Annual Session of the Arkansas Medical Society, held in Little Rock, May, 1908.



as well. Of course, I am not interested any way only as a witness, but would like to have an opinion upon it from the members of the Society.

### HYDROPHOBIA; REPORT OF A CASE.\*

By J. S. Rinehart, M. D., Camden.

In selecting this subject to present to you, I have done so for the reason that it is a disease not so widely discussed.

It is not the purpose of this paper to deal with the old and controversial question, as to whether there is such a disease. I assume that such is now generally accepted by the profession.

Hydrophobia, or rabies, is an acute infectious disease of the central nervous system which occurs in man as well as in other warm-blooded animals. As a spontaneous disease, as distinguished from that due to intentional inoculation, it is met in the dog and allied species. I can learn of no case occurring in man except through the agency of the saliva of a rabid animal. Experiments have been made which show the communicability of hydrophobia from mother to offspring through the media of the placenta and the milk. Novi states that flies are capable of carrying the poison. The germ, if there be one, is not known. The virus, whatever the nature may be, attacks the nervous system.

Subdural inoculations are more rapid than the intra nervous and the intra nervous more rapid than those made subcutaneously, and in the same manner have a shorter period of incubation.

In animals dead from rabies Meynert found hypertrophy of the connective tissue in the posterior columns, with molecular and amyloid degeneration in the posterior columns. The nerve cells of the cortical matter had also undergone partly molecular, and partly sclerotic change. Pasteur says of the symptomatology: "It is impossible to define in an absolute manner the characteristic symptoms of rabies; even the most expert men may sometimes make an erroneous diagnosis."

Of the prognosis, Lucas Benham came to this conclusion after the analysis of fifty cases of supposed hydrophobia which had been recorded from time to time as having ended in recovery: "While it is, of course, desirable to combat this formidable disease by all means in our power, we think it more than doubtful that a cure has ever followed a genuine case of hydrophobia, in none when once fairly developed."

In 1876 Watson reported a case of supposed

rabies in which Dr. Flint of New York concurred in opinion as a consultant in the case which recovered. The symptoms of that case were certainly very like that we read in text books, as well as the history leading up to the time the illness began.

### Report of Case.

The case I have to report occurred in July, 1906, and the history is as follows:

Female, white, aged 42, whose previous history was negative. I saw the patient for the first time during her last illness, July 17th, and observed the following conditions:

Temperature, pulse, and respiration normal, but nervous, a diarrhea with some abdominal pain. I saw her twelve hours later when her husband gave me the following history:

Just thirty days before she was bitten on the upper lip by a three months old pup. The dog died the next day after the injury was inflicted upon the woman's lip. On the same day the husband was bitten on his right index finger, inflicting a wound that bled freely and which was washed off with water and turpentine, applied to a dressing by his own hand. The wound of the lip of the woman was a punctured wound and did not bleed, nor was there anything done for the wound. The dog having died with convulsions, the woman was uneasy about herself until after nine days. After this she dismissed from her mind the fear of hydrophobia and assured me that there was no room to entertain such an idea, moreover was careful to inform me that the pup could drink water and milk without any trouble. The second day she could not drink water, but could drink milk and eat ice, and sliced tomatoes, but a draught of air or a sudden noise would cause sudden and painful contractions of the muscles of the neck and those of respiration. The chest muscles would suddenly contract and the breathing be interfered not unlike that which occurs when cold water is dashed upon the nude chest without warning. The sight of water, the noise produced by pouring water from one vessel to another, a sudden noise would cause such convulsions. Pulse 90, temperature 100, had slept none, was mentally depressed and restless, and expressed a feeling of impending danger.

Third day. Symptoms unchanged, but could drink water or milk.

Fourth day. Slept during the night four hours after injection of apomorphine. Could eat and drink. Temperature 101, pulse 94. Mental conditions develop that my consultants decided that I had a case of acute mania of the delusionary type.

Fifth day. The symptoms of mania grew so

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violent that much vigilance had to be thrown around the patient to keep her from doing violence to me or husband, though she showed no desire to injure anyone else. In the evening it became necessary to chain patient in bed.

Sixth day. Temperature 102, patient broke window glass from window at bedside for the purpose of striking her husband, who was sitting on the other side on a back porch.

Seventh day. Patient's mind clear, made all preparations to die. Wrote her will and gave directions for distribution of her diamonds and jewelry.

Eighth day. Patient grows weaker and less maniacal symptoms, and my time was consumed to counteract pressure of the friends of the family to have the woman put in the county jail and carried to the state asylum at the first opportunity, but on the ninth day of her illness paralysis developed, right leg, and before night paralysis was becoming general and saliva began to pour from her mouth. Temperature 101 to, 103, until death, which occurred on the tenth day.

The treatment is purely prophylactic—the early and thorough disinfection of the wound seems to be satisfactory. And then we have the Pasteur treatment, familiar to you all. Thus the earlier instituted the more certain of the treatment preventing the development of the disease.

I will say this before closing, that in my judgment it would be the part of wisdom to decrease the number of dogs; and those allowed to live, muzzle them so as to lessen the danger of propagating the disease. Same may be said of cats. Why would it not be well to have a Pasteur institute in the State of Arkansas?

#### DISCUSSION.

Dr. St. Cloud Cooper of Fort Smith: I concur in the diagnosis of this case, but regret that the essayist did not go further in the local treatment of the initial wound. The simple antiseptic treatment of a wound inflicted by a dog, whether the animal be mad or not, is insufficient. The virus of hydrophobia remains a long time in the nerve close to the wound, and knowing this, if I were bitten on the finger by a suspicious dog I would favor amputation of the finger at the joint above. But in all cases free excision of the flesh about the wound should be done as early as possible. The mere cauterization with carbolic acid is not sufficient, for its action is too superficial. Nitric acid would be much better. Just as soon as the wound is treated the patient should be hurriedly carried to a Pasteur institute for treatment. Last year in our city a child was bitten on the face and scalp by a rabid dog. The wound was cauterized with carbolic acid and the child carried to

New York, where it died in a few days. Bites about the face and head are more dangerous than in other parts of the body.

I wish to relate a very interesting case of lis-hydrophobia that occurred in an ignorant Italian and whom I was called on to treat. While he was treating a sick horse the animal bit him on the leg. The horse died immediately. Promptly the fellow developed lis-hydrophobia and began having convulsions. I was sent for and when I arrived, found the house surrounded with curious neighbors, and the room in which the patient was confined filled to overflowing with people. I immediately recognized the condition as not hydrophobia, and after giving thirty grains of chloral hydrate by the mouth, proceeded to dissect out all the contused flesh in and around the bite. The patient made not a movement while I was doing this dissection. I now assured him he would be all right in an hour and left. Sure enough, in an hour he was alright. He and his neighbors firmly believed he had hydrophobia.

Dr. Rhinehart: It would probably be better had I said something about the treatment of these wounds. I thank the doctor for taking the interest that he did in the paper, and in criticising that part of it. I will say as far as the treatment of the wound is concerned, the popular treatment is to apply the cautery, probably the best that we have. I would not amputate the finger for an injury on the finger if I got to him soon enough, if there was only one injury of the finger.

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#### THE NECESSITY OF CAREFULLY CONSIDERING ANY DISEASED CONDITION OF THE REPRODUCTIVE ORGANS OF THE FEMALE, AND WHAT IT MEANS TO THE HEALTH OF THE WOMAN AND INCREASE IN POPULATION.\*

By C. S. Pettus, M. D., El Dorado.

"In the beginning God created the heaven and the earth."

After arranging from day to day for six consecutive days the demands of nature, day and night. The firmament in the midst of the waters and God said let it divide the waters from the waters, and God made the firmament, and divided the waters which were under the firmament from the waters which were above the firmament; and it was so. And God called the firmament Heaven." He gave the earth orders to bring forth grass, and herb yielding seed after its kind, and

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\*Read in the Section on Obstetrics and Gynecology at the Thirty-second Annual Session of the Arkansas Medical Society, held in Little Rock, May, 1908.



the waters to "bring forth abundantly moving creatures that hath life, and fowl that may fly above the earth in the open firmament of Heaven," etc.

After creating all of these things as was necessary, God then formed man of the dust of the ground, and breathed into his nostrils the breath of life; and he became a living soul.

God, with all of His wisdom, saw with the great things He had made still something was lacking. A mind of such magnitude knew the deficiency of His work if this one thing was left out, so He caused a deep sleep to fall upon man, and while under the influence of the drug of nature, performed the most wonderful operation that science has ever known, by taking from the sleeping man a rib, and from this rib, by His omnipotence, was developed the masterpiece of his work—woman.

There is nothing grand or noble but that woman is the originator. Great men are produced from the influence of good women. It is she who stands paramount in developing countries. She gives first place to no living thing on the program in the race of life, and is never listed a 20 to 1 shot, but always a 1 to 20, and is so true, and can be so depended upon that it is always safe to risk 1 to 10 on her.

She can take a barbarous root-eater and develop him into one of the noblest of all creation.

She gives comfort in sickness, and when on our death bed, sitting by our side, takes our hand in hers, and by the fragrance of her breath, wafts us on the wings of hope into the other world.

Rhetoric with all its eloquence, great writers with their sentences sublime, have been able to touch the tender tranquil thoughts of esthetic minds, but with all of that no words have ever been found with which woman can be eulogized as she deserves.

Some may say what I have written so far trends not to the scientific aspect of my subject, but sounds more like an essay at the exercise of a school closing. Say it if you will, and I will answer: the name of woman with the laureling of her virtues, is not out of place in any society, and science is a pygmy among giants in comparison with her greatness.

It is for her welfare that I prepare this paper, and I wish at the off-start to impress you that her welfare should be the most sacred obligation of our professional duty, and nothing should be too great to sacrifice for her comfort and future.

The anatomy of uterus, falopian tubes and ovaries, is well known; generally speaking the histology, as well. Their functions and produc-

tion of human life are most wonderful. The protection of these organs by the physician is a duty second to none. To remove one of these organs without justification is a crime unpardonable.

Recall but a short time; we can so easily see the damage done by the surgeons in this particular line, and it is to be hoped the mutilation that has been done will be kept so prominently before the profession that another like era will never occur in the history of our profession.

Sterility is the first condition to be considered. This is one condition that so often carries more speculation than deep thought and proper investigation, causing erroneous ideas to steal over the mind of the doctor, and often subjects women to barbarous tortures uncalled for.

The etiology is varied, and we should never tire in investigating the real cause.

It has been said one marriage out of every eight is childless. If that is true have we not a problem confronting us which is important? The cause of this, apart from cases in which conception is arbitrarily prevented, may sometimes be found in the husband as well as the wife. The wife is the one I will consider. I believe the husband should be investigated first, and the likelihood of the fault being with him, ruled out.

The most common causes are those of malformation of uterus, displacements, tumors, endometritis, leucorrhea, laceration of floor of vagina and cervix, lowered vitality in general, diseased ovaries and tubes.

Absence of uterus is so rare I do not consider it worthy of mentioning.

The malformation being due to excess, arrest, or irregularity of development, we readily see the consideration it is due.

The pathology of displacements is of importance, the abnormality of the mucous membrane due to altered position of the uterus, with consequent interference with the circulation, particularly on the venous side, resulting in a mechanical engorgement of the organs, increases in weight, with more or less oedema.

Tumors, due to mechanical interference, weight, and changes they produce, play their part.

Endometritis is caused by displacements, infection, lowered vitality, child-birth, abortions, unnatural sexual relations. Infection is after all the main cause of the condition.

Leucorrhoea is not a disease, per se, merely a symptom, and the acidity of the discharge adding to the acidity of the vaginal discharges so often is responsible for the destruction of the spermatozoa.

In lacerations of the perineum, the support it

normally offers being interfered with, the organs of generation depending on its structure for support are necessarily disqualified from performing their functions in a normal way. With a lacerated cervix a chronic inflammation often results, causing secondary sterility.

Lowered vitality interferes with conception in several ways. Anaemia is a frequent cause. The discharge produced in a lowered vitality may, within itself, impair fecundity. In this connection I may mention tuberculosis, syphilis and cancer.

The one cause of sterility that stands paramount, and carries with it such suffering, is peritonitis, with its ravages so cruel, involving the ovaries and tubes to the point of destruction. This inflammation has many avenues of origin.

Starting from a diseased ovary, tube or appendix, is the most common way the condition begins. Of course infection is the real cause. Infection frequently occurs at the time of delivery, or through the appendix route.

The infection most ordinary is that of gonorrhea. I wish it were possible to impress the minds of all doctors the importance of considering this one condition in both male and female.

The hideous picture of mutilation to womanhood by this one fearful disease should ever be in the minds of the profession when a husband comes to the office for treatment of it, and we should never fail to give advice to him on that particular subject, the cautions he must practice, the meaning of the infection to his wife, etc.

This disease has a great deal to do with racial suicide, and is responsible for more sterile women than any other disease.

Having summarized modestly on the causes of sterility, our duty in the treatment of the causes will be mentioned, as well as the consideration woman is due at our hands in general.

The treatment of many women by many of us is in many instances criminal. The unnecessary suffering they undergo on account of lack of investigation is indeed a grievous imposition to them, and until we are sure of the step to take, nothing should be attempted.

The treatment of malformation of uterus offers little encouragement. In those cases in which the uterus is foetal, infantile or pubescent, the degree of development encountered will determine the remedial course to employ.

Stimulation of the uterus, massage, electricity, or stimulating in any way calculated to promote its growth, little, however, is to be promised.

Neurotic disturbances are liable to ensue. The

only relief lies in extirpation of the rudimentary ovary.

The treatment of displacements is partly dynamic and partly mechanical. The inflammation is combatted with hot douches, glycerine tampons, painting with tinct. iodine, etc.

Packing the cul-de-sac with absorbent wool, if done with care and thoroughness, at times much good is derived from it. Pessaries and uterine sounds are suggestive that they are the invention of the devil, so seldom it is that their usages are indicated, and so often used wrongly, doing more harm than good, that it were better they had never been invented.

Tumors are to be considered in no other way than removal.

Leucorrhea may be classified for convenience sake as idiopathic, specific and symptomatic. The idiopathic may, like other catarrhs and often in conjunction with them, be due to cold climate, residence, protracted lactation, bodily fatigue, mental overwork, emotion or insufficient nourishment. It is common in those predisposed to phthisis. It has many ways of arising.

As I have mentioned, I do not consider it a disease, *per se*. The idiopathic is due to lowered vitality, and after all is a symptom of the condition that is responsible for it.

Repair of the laceration of the perineum is the only thing to do when an unfortunate tear has occurred. The cervix likewise should be repaired, not allowing an old laceration to go unattended following child-birth. The cicatrix is slow to yield to dilation, and is said to predispose markedly to cancerous degeneration; it causes menorrhagia, metrorrhagia, leucorrhea, anemia, often neuralgia, hallucinations, anorexia, loss of flesh and strength. A strong demonstration of the necessity of repairing such a laceration.

Lowered vitality so often misleads the doctor, thinking he has something out of the ordinary to treat, and much must be done.

This one condition causing sterility is the least one considered, as a rule, by the doctor. In so many instances the minor ailment that actually exists, is hidden behind the moving pictures of the over-active mind of the theoretical scape-goat, which, with the true picture posted on his back, rushes to the wilderness.

A seemingly incurable, diseased ovary, due to this condition, not of an infection, to be left alone becomes fairly normal, and surprisingly often a woman labeled incurable only by using the knife, brings our scientific worth into dispute. By the aid of tonics and nature, she is brought to a much better condition than would the knife have done in removing one of the reproductive organs.



Tonics, exercise, proper clothing, diet and surroundings, her condition in general to be looked after, is the treatment, and properly done, will do much.

Diseases of the ovaries and tubes are deplorable conditions and the handling of them of grave importance. To consider them lightly is indeed wrong. Those organs mean much to woman, and they are much easier taken out than replaced. The day is not at a distance that all surgeons will insist on leaving these organs, if feasible to the slightest degree, and will lay stress on not taking them out because you have gone into the abdomen.

The prevailing idea among the surgeons today is that it is best to leave as much of the ovarian tissue as possible when it becomes necessary to remove an ovary. It is indeed a satisfactory conclusion.

There are many times when a mere breaking up of adhesions around the ovaries and tubes that have them bound down and out of place, will restore them to a normal condition.

The prophylaxis is the main and first consideration. At no time should we carelessly examine a woman, but use every precaution against infection. During the labor we cannot be too particular, nor be too careful in advising an infected husband the precautions to practice. Advise women the care in every way they should take of themselves, the danger in attempting to prevent conception, etc.

The part a martyr woman so often plays is indeed appalling, in that she furnishes the material for experiments in the hands of young doctors, and used to perfect further the reputation of the established surgeon.

How often a curettage is done and uncalled for: doing damage to the mucous membrane of the uterus, subjecting women to suffering merely to say something is done; with some for the purpose of posing as having done an operation. We know the necessity of such an operation when indicated and correctly done.

The surgeon of reputation, wishing to further his name as a surgeon, does a hysterectomy, or an ovariectomy, and I dare say his conscience would not permit of it in some cases were it not for his ambition. It can not be disputed that surgery has done much for womankind, still there are times when it is carried too far.

The point I am so anxious to make is our duty to take time, and have patience with the complaining woman, and not be ready to suggest an operation until nature is given a chance; provided, we can do it without running a risk. Her condition should be thoroughly investigated and

examined; and until an examination is made, come to no conclusion.

Attention especially should be given to laceration of perineum and cervix; protection against infection in examinations and delivery, and from their husbands; the protection in examinations and delivery, a duty of much importance and means so much. More stress should be laid on this one subject. To my mind it is the saddest cloud that darkens the elements of our professional world; and sitting idly by allowing women to be tortured, when a little advice from a doctor might save much suffering.

I have thought there might be a special Hell for doctors who thoughtlessly gave them no protection from this disease (by properly advising their husbands), and the surgeon who removes ovaries and uterus without being able to justify such an operation.

#### DISCUSSION.

Dr. J. S. Rinehart, Camden: I think this a good paper and an important one. I could not help but notice the point early in the paper as to the cause of sterility. How many of us who haven't had women to come to us, who never had any children, wanting some operation done or something that they might have children. I fear the husbands in their early days worshipped too much at the shrine of Venus. We should always remember that this sterility in women is not one-sided.

Dr. Pettus: I have not gone so minutely into this subject, but the subject is one that offers such opportunities to go elaborately into it, that had I gone into it on every point that was offered, I would have broken the "Golden Rules" laid down in the back of our program. I have merely hit the high points, so to speak. However, I consider the points that I have mentioned the most important points on this subject, and, like the life of Christ, cannot be referred to too often. In writing the paper, the thought occurred to me, merely a passing thought, that in some way the legislature should be stimulated to pay the particular disease of gonorrhea some attention by helping us to give out literature that we might educate the people in general. I do think that is one subject that laymen should be educated upon. But, since coming here I am very glad indeed that I did not mention that, for the reason that my friend, Dr. Tribault, a man who says but little, might have gotten up and criticised me so severely that the sarcasm to me might have been as keen as the sarcasm from Webster to Hayne. This is a subject that I consider of very much importance, and it prays on my mind, and I wish that I would some day be able to be of benefit to humanity in the respects that I have mentioned.

# MORPHINE IN PAIN: A REMISCENCE OF THE CIVIL WAR.\*

By L. J. Wilson, M. D., Almo.

As requested by the chairman of this section I will write a reminiscence of the Civil War, where I learned the great value of morphine as an "antidote to pain," which has been of great benefit to me and especially to my patients, through a long life of practice.

On September 19, 1864, on General Lee's lines, south of Petersburg, Va., there was quite a little battle, resulting in about twenty killed and one hundred wounded Confederates. The fighting occurred late in the evening, and about sunset the ambulances began to come in with the wounded, and we (surgeons) saw we had a hard night's work before us. Each field surgeon was furnished with two lanterns and sperm candles, but amputating limbs and ligating arteries by such a light is no pleasant work, to say the least of it.

While I was amputating an arm one of the boys came up and said, "Doctor, John Davis is shot through and through and is suffering terribly and wants you to come and relieve him." I ordered my steward to take him one grain of morphine in an ounce of brandy and see how he was wounded and report. (What a godsend a hypodermic syringe would have been to a Confederate surgeon!) My steward reported that a Minie ball had passed through the abdomen three inches above the pubes, striking the spine in its exit, paralyzing the lower extremities and that the man was suffering agonies.

In half an hour Davis sent back, begging for relief, and I sent the steward with another grain of morphine and more brandy. As soon as I could I went to the suffering man and found that my steward had made a correct report; the ball had entered a half inch to the left of the medium line and three inches above the pubes, wound-

ing the bladder and striking the spine. There was constant dribbling of bloody urine, and the poor sufferer begged me to relieve him or kill him. The cold sweat was dripping from his brow and his whole frame quivering with intense pain. As I arose from my knees I found Surgeon Joseph J. Holt standing by me. I asked him to put out a dose that would relieve, as it was a mortal wound. As he put it in the glass he said, "there are ten grains and possibly twelve. I know that will ease the poor man." It was now 11 o'clock, and by 12 o'clock John Davis was sound asleep and I never expected to hear him speak again. But, *mirabile dictu!* I found him next morning propped up by a comrade eating his breakfast with a relish, and he said he felt very well. We were ordered to send the wounded to the hospital and be ready to move by 12 m. So I never saw John Davis for more than three weeks. On returning to Petersburg I heard he was still alive, and I went immediately to see him. I found him in a tent by himself some distance from the hospital. From extravasation of urine into the tissues, extensive sloughing had taken place, and the greater portion of the bones of the pelvis were bare. When you remember that the Confederate surgeon had no antiseptics you may imagine the horrors of this case. The odor was intolerable—so they had to move him off by himself. He seemed glad to see me, and was cheerful and asked after his comrades. I hurriedly examined him, for I could not stand the odor, and the poor man saw and understood and with tears in his eyes said: "Oh, Doctor, why did you not give me enough morphine the night I was wounded to kill me?" "John," I said, I thought I had given you a fatal dose, and I never expected to see you awaken from that sleep; but I just gave you enough to antidote the horrible pain you were suffering." John Davis died the twenty-ninth day after receiving his wound.

I have never hesitated to prescribe morphine when the patient was suffering pain, and I have never seen it have any ill effect.

\*Read in the Section on Practice at the Thirty-second Annual Session of the Arkansas Medical Society, held in Little Rock, May, 1908.



# THE JOURNAL

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No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### MEDICAL EDUCATION IN ARKANSAS.

"The purposes of this Society shall be to federate and to bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standards of medical education and to secure the enactment and enforcement of just medical laws, etc."—*Constitution Arkansas Medical Society, Article II.*

The elevation of medical standards being one of the primary functions of the State Society, it was only natural that the House of Delegates should adopt a resolution bearing upon this subject, and for fear that some one might construe the action of the House as an extemporaneous gratuity, and exceeding its authority, meddling with affairs about which it has no business, we point to the organic law under which the society exists, and the specific clause bearing on this matter in its justification. The resolution referred to provides for the appointment of a committee to confer with the officials of the two medical schools located in Little Rock, the Superintendent of Public Instruction, and the President of the University of Arkansas, looking to the organization of a non-partisan Board whose duty it shall be to pass upon the qualifications of all applicants who desire to pursue their medical education in this State. The Arkansas Medical Society has since its organization taken a deep interest in medical education in this State, but this is the most important and advanced step it has ever taken in its entire history. President Clegg has appointed the committee to set about the accomplishment of this work, and the personnel of the committee would indicate that something more than a dignified silence will mark their action. Both medical schools in this city should gladly welcome this manifest interest of the Society and lend their hearty co-operation to the labors of the committee. We do not believe either school will show opposition to the

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general principle involved but rather look for the Trustees to take the initiative and make easy the maturity of a plan whereby the ideal standards promulgated by the Council on Medical Education of the American Medical Association can be adhered to. Until this is accomplished, the labors of the committee will not be completed. This is not a "big stick" the Society is wielding, but merely the exercise of parental duty.

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THERE ARE TWO MEDICAL COLLEGES IN ARKANSAS neither of which is entirely satisfactory to the Council on Medical Education of the American Medical Association. Just in what respects the two schools fail to measure up to the requirements set by the Council cannot be gathered from their printed report, therefore we cannot offer any intelligent criticism of their findings. We assume, however, that before their report was made, a representative personally inspected the schools, remained long enough to observe the work done, and thoroughly and frankly discussed with the deans and members of the faculties, medical education in this state. After this was done, then the tape furnished by the "Committee on Definition of Medical Colleges in Good Standing" was applied and the schools found to be unsatisfactory in measurement with no allowances made for the slack in the tape or local conditions. It is not surprising that our colleges were placed under the ban of the Council, for the minimum requirements for admission of students to the schools referred to are below those adopted by the Council, and this one point was sufficient to justify their action.

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MEDICAL EDUCATION IN ARKANSAS is an altogether different proposition from that which obtains in northern and eastern states. With possibly but one exception, the medical schools of the South are without endowments and receive no aid from the state. The only source of their revenues is from fees, and generally they are indecently low and insufficient to do more than meet current expenses of teaching. But there is a demand for a medical college in Arkansas, and this demand must be filled in

some way. Until two years ago, the Medical Department of the University of Arkansas was the only medical college in this state, and for thirty years, the art and science of medicine has been taught by the members of this faculty with the mere pittance of a fee for their services. If there ever was an instance of a more genuine altruism than has been shown by this college, we should be pleased to have the citation made. More than \$75,000 have been given the students in the way of fees. Endeavoring to rise to the increased demands of a higher medical education, the faculty recently voted to apply the proceeds from fees for the next five years to a fund to be used in the physical and scientific improvement of the college. New laboratories are to be built and equipped, clinical facilities increased and a new modern college building to be erected. And best of all, there is a determination to come as nearly complying with the requirements of the Council on Medical Education as the conditions of the state will permit.

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WE HAVE SAID THAT THERE IS A DEMAND for a medical college in Arkansas, and we believe that Arkansas young men and women who aspire to the profession of medicine should not have to go beyond the limits of the state to obtain their medical education. The time is ripe for the state to take an interest in medical colleges and medical education, and sooner or later, it will recognize its duty in this respect. Little Rock is too small to support two first-class medical colleges and just large enough to properly support one; therefore, according to our postulate, there is one school too many. Just which one of the schools is the "one too many," is not for us to say even if we had any settled convictions on that point. Both are equal in standing and entitled to equal praise and equal criticism. The point we wish to make and emphasize, is that there is room for but one school in this city, and a plan ought to be worked out by both faculties whereby consolidation would be effected and thereby put an end to this unfortunate condition.

The Medical Department of the University



of Arkansas, supported by the Alumni Association of that school, is going to make a strong and vigorous fight to secure an appropriation from the next Legislature and ask for the same official connection with the state as is enjoyed by the University at Fayetteville. If this movement is successful, and we sincerely trust that it will be, the problem of medical education in the state will be solved for all time to come. But in order to pave the way for this very desirable legislation and make it easier of accomplishment, consolidation of the schools should be first effected. If this is done, there would be little difficulty in getting the appropriation. The Legislature convenes in January and there is plenty of time to work out this plan.

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ONE OF THE MOST BENEFICENT RESULTS that would accrue from consolidation of the two medical colleges in Little Rock, would be the passing away of the factional spirit that is so manifest in the Pulaski County Medical Society. This factional spirit is manifest on all occasions, and dominates every action, and its damaging effect on the scientific work of the society is too apparent to deny. Just think what could be accomplished if the sixty-five members, forty-seven of whom are professors, would bury the rotten bones of professional envy and jealousy, and strike out on different lines to accomplish something of value for scientific medicine. That this factional spirit seen here in Little Rock, is permeating to some extent other component societies, is another fact which is too true, and must be reckoned with in no uncertain manner before it assumes proportions and strength sufficient to make a hiatus in the State Society. The acorn is a very small thing, but the tree which springs from it may become so strong as to defy the power of the elements.

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### *Editorial Clippings*

#### LEGISLATIVE WORK.

The members of the association over the state, unless they have participated in the work, can have put little appreciation of the difficulties met by the Legislative Committce in

their endeavors to promote the enactment of laws favored by the medical profession purely and solely for the raising of its standards and for the betterment in general of civic conditions.

In spite of nearly twenty centuries of the new dispensation, the Golden Rule, while theoretically the basis of our Christian civilization, is very far from being worn out from over-use. Human nature changes very slowly, and the instinct of self preservation has developed into desire for personal aggrandizement to such an extent that cutthroat competition and the crushing of opposition are the rules of commercial interests. So much is this true that business men today regard with suspicion any one who claims to be actuated by altruistic motives. It is the old story of the English cynic who wagered that he could offer for sale on the streets of London gold sovereigns for a shilling each with no buyers and won his bet.

Every time the medical profession supports a legislative measure, urging its passage as a benefit to the community, immediately that measure is scrutinized with microscopic attention. There is said to be a "nigger in the woodpile," and the claims of disinterestedness are treated with smiles of incredulity, open disbelief or derision.

Having appeared with other members of the Legislative Committee several times before committees of the Legislature, the writer fails to remember a single instance in which the motives of the physicians present were not impugned and even actual charges made of self-seeking and lobbying for personal aggrandizement. In fact, seldom if ever, does the opposition argue against one of these bills on the actual merits of the case, but occupies itself with florid statements and heated language, which, stripped of sophistry, amounts chiefly to denunciation of the medical profession and assertions that bills so supported are contrary to "business principles" in that they stand in the way of somebody's making money, which is the God-given right of every American citizen, and at the same time, in some mysterious ways, these bills are to benefit "the doctor"! It would seem to be a mistake, this claiming of disinterested-

ness, because the laity simply cannot or will not understand it. It is not good business. The public wisely winks one eye and sapiently judges our gold sovereigns to be but counterfeits and will have none of them!

If it were not for the fact that it is the innocent who would suffer, and if the feeling of *noblesse oblige*, which is so deeply entwined with our traditions, did not compel us to carry on the fight, one would feel like throwing up such a wearisome contest. There is no danger, however, of such a shirking of responsibility. Never before has the medical profession been so well organized or shown such aggressive spirit. We have assumed our "white man's burden." The very character of the arguments of our opponents in this work shows the weakness of their position and how greatly they are alarmed. They can only play to personal prejudice and invoke the business instincts of present day commercialism, and such opposition cannot endure.—*Ohio State Medical Journal*.

#### HORMONES.

In recent years a great deal has been said by certain members of the profession against the too frequent empiric use of drugs, and to such an extent by some that their views have received the now familiar term "Therapeutic Nihilism." The irregulars have been quick to grasp these statements and to turn them to their own advantage, so that we now have a host of "pathies" whose advocates denounce the giving of drugs as a principle, but who, we find, are very ready to make use of them if they themselves are sick.

The fact that Nature herself manufactures in the body substances which are in reality drugs, was used as a text by Starling in a lecture before the Harvey Society of New York (*Journal A. M. A.*, March 14, 1908). Perhaps the best example of such action is that of secretin, which was discovered by Starling and his colleague Bayliss a year or so ago. The facts are probably familiar to our readers but are worthy of repetition. Pawlow had noted that the introduction of weak acid into the duodenum and upper part of the small intestine was followed shortly by an active secretion from the pancreas and

liver. This was at first supposed to be due to nervous reflexes, but Bayliss and Starling showed that if a loop of gut were entirely isolated except for its vascular connections, introduction of acid into it produced the same result. Injection of acid into the vessels was ineffective. If the epithelium of the gut were scraped off, weak acid added to it and an extract made, injection of this extract into the circulation produced a prompt reaction and abundant secretion by the pancreas and liver. The active principle of this extract was not affected by boiling, nor did it appear to be either a ferment, a proteid or an alkaloid. In short it might be considered a drug. It was called secretin and belongs to a class of substances which these workers called Hormones, the word being derived from a Greek word meaning to arouse or excite.

Further investigation has shown various such substances in certain organs of the body, and they seem to exercise a profound influence in correlating metabolism in various parts of the body.

The active principle of the medulla of the suprarenal gland is another example of such a body. It has been proved to be a substance of definite chemical composition. Genetically the medulla of the adrenal is neuroblastic and it is upon the sympathetic nervous system that the active body, adrenalin, specially exercises its effect. The effect of still simpler bodies in the stimulation of certain structures is shown by the action of carbon dioxid upon the respiratory center.

The manufacture of Hormones by other organs may be inferred, although they have not yet been actually identified or isolated. Thus the active agent of the thyroid secretion is probably one of this class. It has also been found that extracts of the tissues of fetal rabbits, if injected into virgin female rabbits, usually produce a marked hypertrophy of the mammary glands, such as would occur in a normal pregnancy.

The corpus luteum of the ovary seems to be the origin of some chemical substance which leads to the changes in the uterine mucosa which occur preparatory to menstruation and which are necessary for the implantation of the



ovum. Fraenkel has contributed a very convincing article upon this subject which was mentioned editorially in this *Journal*, January, 1905. The pursuit of further investigation into bodies of this class furnishes one of the most fertile fields for research. If these various substances can be isolated for therapeutic use, as has been done in one or two instances, we wonder what will be the attitude of the various cults who oppose the giving of drugs, they certainly cannot make use of their favorite objection that these substances are opposed to Nature's laws, because she does not employ them herself in the animal economy.—*Cleveland Medical Journal*.

#### ANAPHYLAXIS AND ANAPHYLAXINES.

One of the most striking and important developments of bacteriological science has been the keen stimulus felt in the search for fundamental facts concerning poisons in general and certain organic poisonous substances in particular. Of recent years, C. Richet, of Paris, has found in actinians and mussels certain substances showing peculiar poisonous reactions, to a mixture of which he has given the name of mytilo-congestine. In studying the properties of this substance he has been impressed with certain peculiar affinities which it seems to possess with some bacterial toxins, and he has been led to a review of the problem of immunity seen in the light of a new type of poisoning which he describes.

In a comparatively recent study (*Annales de l'Institut Pasteur*, July) he writes that poisons may be divided into two main groups—the members of the one killing immediately or very rapidly as chloroform paralyzes circulatory structures, strychnine destroys nervous structures, curare acts on neuromuscular terminal organs, mercury destroys cellular metabolism, etc., while those of another group kill, as it were, at a long distance, perhaps after several weeks, and by a mechanism which seems different from any other which has heretofore been observed. These poisons are not immediately operative, but they provoke within the body the formation of toxic substances of a sort which, after injection of the poison, develop a true disease. Or

stated in another way, the disease—i. e., the *ensemble* of morbid phenomena which results from a microbe infection, is a slow intoxication. It is doubly slow; in the first place, because the poison produced by the microbe is slowly and progressively secreted, so far as, and in the same manner as, the microbe proliferates, and, further, because this poison itself acts slowly.

Richet calls attention to the fact that the substances extracted from actinians, from sponges, and from mussels have this character of being able to develop a special morbid state, with an evolution resembling that of a disease. If one injects this substance in large doses into the venous system of an animal (a rabbit or a dog), it will die in from four to five days; the injection of doses one-fifth as great, however, brings about a chronic action which persists from twenty to thirty days at least. The contrast between the action of this type of poison and that of the ordinary crystalloid poison is very striking, for, as is well known, in the latter class, strychnine being taken as an example, amounts of one-fifth that of a lethal dose either cause only nominal symptoms or are innocuous. On the other hand, Richet's mytilocongestine in amounts of one-fifth of the lethal dose causes a grave form of chronic intoxication, which frequently persists for thirty days.

During this period of chronic poisoning, which Richet has termed anaphylaxis, the body is more highly sensitive to the action of the poison than it was before the poisoning. With mytilocongestine, the sensibility of the body in the greater number of cases is rendered five times as great, in some instances the sensibility being enhanced at least twenty-five fold. Richet thinks that the presence of a toxogenic substance is the cause of this increase in the toxicity of mytilocongestine. *In vitro*, the mixture of mytilocongestine with the anaphylactic serum of dogs is more toxic than this same poison when in watery solution, and the serum of an anaphylactic dog, when injected into a normal dog can produce anaphylaxis.

Anaphylaxis, then, he argues, is due to the presence of a sensitizing substance (toxogentine) which, by reaction with mytilocongestine, develops a poison which acts immediately. Ana-

phylaxis is established only after a certain length of time, and persists for about forty days in the animals used by the experimenters, for, after this length of time, the animals become relatively immune, so that injections of large doses of poison are not followed by symptoms of poisoning.

The general relations of anaphylaxis to immunity, as postulated by the author, are highly suggestive. He considers anaphylaxis as a preliminary stage to immunity, rendering the latter possible, for animals react to the injection of toxic substances of the nature of toxalbumins by producing sensibilizing substances, or toxogenines, which create an anaphylactic state, and at the same time that this state is engendered antitoxines are formed, but much more slowly. When, in five or six weeks, the toxogenines disappear, the antitoxines persist. Anaphylaxis is a sort of rapid defense for small doses, permitting the organism to rise vigorously to feeble doses of poison secreted by microorganisms, and thus to defend the organism so long as the attack is not an energetic one. It is a precursor of immunity and one of the factors which make it possible.—*New York Medical Journal*.

#### THE EMMANUEL MOVEMENT FOR THE HEALING OF THE SICK.

The Emmanuel movement for the healing of the sick took its name from a church in Boston of that name where the movement was started. The fact that Christian Science is reaching a large number of people with psychic ailments is evidence enough that there is a middle ground between the people who deny the materiality of things and those who believe only in material things and the natural forces which connect them. There are comparatively few people who have purged their minds of superstition, so that this Emmanuel movement has a wide application. Moreover, aside from its appeal to unnatural agencies, it has a distinctly scientific function in a field which is properly medical but which medicine, busy with its old fashioned therapy, has failed to utilize; that is, psychology, the inculcation of hopefulness, the distract-

ing of the mind from imaginary ills, and the great power of suggestion.

The clergymen who have engaged in this movement have gone about it in a manner which has not invited criticism, and have striven to antagonize scientific medicine in no way. It is an evidence of how the modern dominant superstitions can be put in harness with a great psychic principle and made to do service for the mentally sick.

This movement is of decided interest. Its fundamental tenets are as follows:

*First.*—We recognize, according to common experience and the inspired teachings of the Bible, the psychology of the New Testament that man possesses a mind and a body.

*Second.*—We affirm most emphatically the value of anatomy, physiology, biology, bacteriology, histology, and the like in the progress of the race.

*Third.*—We maintain that there is a fundamental distinction between functional and organic diseases, and while mind or thought may have originated both classes of ailments, the one may yield directly to psychic or spiritual influence, and the other indirectly through surgical or medicinal means.

*Fourth.*—We assert the absolute necessity for the work of the physician, and give full value to the splendid efforts of the medical profession in furthering the health and welfare of the race. By making known God's law of sanitation and hygiene, only one of the benefits they have conferred, they have not only prevented the scourges which once swept off millions of people in a single decade, but they have saved the lives of millions since.

*Fifth.*—Waiving all the theological and doctrinal differences which separate Christian Science so widely from the churches of Christendom, we believe in the power of faith in the historic Christ, and in personal and intercessory prayer to an ever-living and ever-loving personal God. We believe in using the best scientific medical knowledge and skill of the day, which we feel is as much God-given as any psychical or spiritual method of relieving disease. Since we do not claim in any way the omniscience



and omnipotence of the Great Physician, Jesus Christ, we ask our patients to come with a diagnosis as accurate as the skill of the physician can make it.

The aim of religious therapeutics is to bring health and happiness to the afflicted, and more efficiency to those who are well. It strives to drive out fears, various forms of depression, worry, want of confidence, and the like, from the mind and heart. It magnifies the love and tenderness and sympathy of God. It carries forward the benign work of the neurologist along the lines of re-education and right living, according to the individual needs of each patient.—*N. Y. State Journal of Medicine*.

All physicians claim to belong to the medical profession and enjoy its distinction and advantages, but not all know the difference between medical organization and the medical profession. All enjoy the fruitage of the profession; but few work in the fields of organization upon which the worth and integrity of the profession depend. The quack speaks of his relation to the profession, but hates medical organization like poison. Many good physicians never contribute an effort or a dollar to the end of medical organization; as members of the organized profession they are dead. As practitioners they are kept alive by virtue of the organization efforts and self sacrificing devotion of aggressive men in the profession.—*Ohio Medical Journal*.

ISMS.—Many of us ridicule or attempt to obstruct or destroy *isms* or *pathies* with which we are not in accord, while at the same time our incredulity is vanquished without an effort by a new *ipse dixit* from our authority, or insufficient data.

We accept at once Brown-Sequard's orchitic elixir for perennial virility, or a new tuberculin cure for tuberculosis, or the dictum that the *Anopheles claviger* is the sole carrier of the malarial parasite, or that the Eberth bacillus is only transmissible through the stools, or that every appendix and every diseased ovary should be removed or that opsonic indices or x-ray radiographs are infallible, and a horde of dog-

matic doctrines that have not yet passed through the crucible. Says Dr. Max Nordau in his well known book *Paradoxes*: "Statements hitherto considered unimpeachable because no one has ever questioned their validity must submit to the demand for proofs, and it then frequently appears that they have none."

Now as a matter of fact there must be a germ of truth in every *ism*. Those extraordinary or occult fads are based upon some sound physiological or pathological principle. We are not defeating them by derision, we will not destroy them by persecution. How few of us really know any more about them than do the most ignorant devotees that worship at their mystic shrines.

Would it not be more effective for our colleges to devote two or three hours each semester to an intelligent dispassionate study of each of them, free from ridicule or levity?

Indeed, our illiberalism in medicine smacks strongly of religious bigotry and intolerance.—*Oppenheimer, in N. Y. Med. Journal, May 16, 1908.*

LOCAL ETHICS.—Since the abrogation of the old code of ethics of the American Medical Association, State and county medical societies have formed later ethical rules, often restricted by conditions of local import, sometimes, as I have personally observed, at variance with fundamental principles in ethics, of questionable utility, and ultimately working disaster to the body politic.

As an illustration: A county medical society adopted a law discountenancing all kinds of contract practice as being unethical, but exempted railway surgeons, military surgeons, and some others. Now, I am fortunately or unfortunately both the one and the other, but I cannot understand by what method of induction in ethics a principle is permitted to be violated arbitrarily. If the principle is correct the exception is immoral, and of course vitiates the spirit of the whole fabric. Contract practice *per se* is neither wrong nor undignified. The unethical feature in it is the same as in private practice, viz.: inadequate remuneration for the services, nothing more, nothing less; and a vol-

ume of hysterical pride or resolutions cannot alter this basic law of political economics.—*Oppenheimer, in New York Medical Journal, May 16, 1908.*

EGOISM.—The standard of the medical profession is almost Utopian in its loftiness. We are the champions of humanity, charity, patience, self-sacrifice, purity, knowledge, and wisdom. Hence, inconsistencies in our theories and practices are more glaring, and violations more flagrant than in any other sphere of life.

How incongruous that jealousy, envy, egoism, should enter such ennobling lives, whether actuated by mercenary greed or selfish ambitions, and beget social and professional demoralization.

Is it not a travesty upon that classical honor which is a vital element in our profession, for a physician who succeeds another in a case to inveigh against the ability of his absent predecessor? Is it not both undignified and cowardly?

Each one of you is the standard bearer and model of the entire body; and it is but a logical inference that the profession be held responsible for your shortcomings. We are in very truth our brother's keeper.

And so, when we chasten ourselves we purify our environs. And the corollary follows:

As one lamp lights another nor grows less,  
So nobleness enkindleth nobleness.

*Oppenheimer, in N. Y. Med. Journal, May 16, 1908.*

### Selections

MATERNAL IMPRESSIONS.—Speaking with evident seriousness and claiming that the leading obstetricians of the present day refuse to deny, even if they do not describe to the theory of maternal impressions, J. T. Rugh (*Arch. Ped.*, Nov., 1907) reports a case of congenital absence of the third and fourth fingers and metacarpal bones in a healthy boy of six years whose mother had been shocked during the sixth week of pregnancy by discovering that a friend had lost these portions of his hand. The same mother subsequently had two normal children.

Answering this communication, E. T. Shelly,

(*Pediatrics*, Jan., 1908) reviews the scientific evidence against this antiquated theory. He says that by the so-called "pressure theory," Dr. Rugh's case may be explained as follows: The amniotic sack surrounding the embryo having probably been a little too tight, or the quantity of amniotic liquid somewhat too scant, the amnion pressed on, or temporarily adhered to, the ulnar side of the distal portion of each "arm-bud" soon after it appeared about the fourth or fifth week of embryonic life, and thereby checked the "sprouting" of the third and fourth fingers and their metacarpal bones, and also caused the webbing of the fingers of the left hand. Speaking less seriously, but with quite as much logic as the advocates of the theory of maternal impressions, who overlook the 999 cases in which no coincidence of faulty development follows mental shocks, the writer asks why, if one crippled hand could produce, by the power of mental impressions, two crippled hands, was it that three crippled hands, under far more distressing conditions, failed to produce even one crippled hand, especially after the woman's impressionable nervous organism knew how? His peroration contains a summary of the accepted view of so-called maternal impressions, as follows: "As we try to contemplate, in our feeble way, the infinitely delicate technic by which nature makes and fashions and arranges from memory, in 280 days, without model or mold or measure, a countless array of diverse cells into that supreme product of the wondrous loom of life, that pink and boisterous miracle, a perfect babe, must we go to an uncanny superstition to learn why, now and then, some pigmy artisan in atoms among the busy myraids in the workshop of ontogenesis, proves unequal to his task, to learn why nature cannot always be inerrant?"—*Amer. Jour. Obstetrics and Dis. of Women.*

In an article on "Influenza in Children," Brugman. (*Pediatrics*, March, 1908), advises the following treatment:

"As the disease is very contagious we must avoid bringing the little ones in proximity with those suffering from influenza. Every child should have its own handkerchief. Even babies should not have their little noses wiped



with a handkerchief belonging to another child or adult.

Plenty of fresh air, day and night, will tend to diminish the chances of infection. After the morning bath cold sponging of the face, neck and chest will harden children and render them less susceptible to this disease.

Apartments occupied by influenza patients should be fumigated after recovery.

A child suffering from influenza should be given a warm saline irrigation of the colon, a warm bath and put to bed. If necessary small doses of calomel followed by castor oil.

If very restless a grain of phenacetin or aspirin may be given.

Tinct. of aconite in small doses with spirits of nitrous ether and liq. ammonia acetatis is useful to lower the temperature and acts as a diaphoretic.

For the naso-pharyngitis a diluted Dobell's or Seiler's solution or the ordinary physiological salt solution.

These solutions may be followed by one containing adrenalin 1-10000 and boric acid 1 per cent.

In older children quinine or euquinine may be given.

For the cough which persists later cod liver oil and creosotal, unless it is very troublesome and prevents a child from sleeping; then codeia gr. 1-50 will suffice.

For cough which persists later cod liver oil and creosotal.

For the prostration, strychn. gr. 1-100 in syr. of chocolate three times daily.

For the anaemia iron in some organic form, also oxygen in form of fresh air.

The complications must be treated as they arise.

There are still some patients who do not recover until they have a change of residence if only to some other house or to some warmer climate. The diet should be light and easily digestible. In bottle-fed children, milk should be eliminated for a day or two, and barley-water and egg-water substituted."

## APPOINTMENT OF COMMITTEES BY PRESIDENT CLEGG.

President Clegg has made the following appointments:

Committee to Perfect an Organization for the Study and Prevention of Tuberculosis:

J. S. Shibley, Paris, Chairman; D. C. Walt, Little Rock; M. G. Thompson, Hot Springs; W. B. Lawrence, Batesville; J. B. Bolton, Eureka Springs; H. C. Dunavant, Osceola; M. Y. Pope, Monticello.

Committee to Arrange for an Examining Board to Pass on the Qualifications of Applicants to the Medical Colleges in Arkansas:

G. A. Warren, Chairman, Black Rock; W. N. Yates, Fayetteville; H. Thibault, Scott.

Committee on State Charity Hospital:

S. E. Thompson, Chairman, El Dorado; Anderson Watkins, Little Rock; J. R. Davis, Mena; C. M. Lutterloh, Jonesboro; Wm. Crutcher, Pine Bluff.

Member of National Legislative Council:

St. Cloud Cooper, Fort Smith.

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## LODGE PRACTICE.

The physicians who engage in lodge practice may usually be divided into three classes. To the first group belong young men just starting out and who accept such positions simply as a tide-over and then resign after being able to get along fairly well. To the second group belong men of all ages who have failed to establish a well paying practice. To the third group belong those who are well established and have a lucrative practice but who are inordinately selfish and avaricious and who apparently have no neighbors in the profession, for they are not Samaritans by practice. What is right for one physician to do is right for all to do. Imagine all physicians engaging in lodge practice, alas, then pity the sick! Some physicians engaged in lodge practice admit it is wrong, but try to excuse themselves by saying that if they will not do it others will. They admit it to be a wrong and manifest a willingness to do the wrong as well as the other fellow, and hence are no better. Others in lodge practice try to excuse themselves by saying it

is no worse than the work given to cheap insurance, but the one consists of the practice of medicine among a clientele who do not come to them out of choice but because they are cheap; the other is not practicing medicine at all. Again, two wrongs do not make one right and hence this is no excuse at all. The question is, is this kind of contract practice just and right, or is it unjust and wrong?—(Holtzapple, in *Penn. Med. Journal*.)

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### NEWS ITEMS.

Dr. C. C. Stephenson, of Little Rock, has been appointed a Delegate by the Section on Pharmacology and Therapeutics of the A. M. A., to the American Pharmaceutical Association which meets at Hot Springs, Arkansas, September 7-12.

Drs. Illing and Meek who have been making a tour of Europe, are expected home by September 1st.

Dr. W. C. Dunnaway has moved his office to Ninth and Center streets.

Dr. R. A. Hilton, of El Dorado, was a recent visitor in Little Rock.

Dr. Hoffman has returned from a professional visit to Chicago.

Dr. Lex Wadley, of Little Rock, is now located at Wesson.

Dr. W. E. Greene is spending his vacation in New Mexico.

Dr. G. M. D. Cantrell has been appointed local surgeon for the Little Rock Street Railway and Electric Company.

Dr. F. Vinsonhaler will attend the meeting of the American Academy of Ophthalmology and Oto-Laryngology to be held at Cleveland, August 27-29.

Dr. A. M. Zell has recovered from an acute illness and has resumed his practice.

We acknowledge a pleasant call from Dr. J. A. Bogart, of Forrest City.

Dr. C. P. Meriwether is expected to arrive from Europe about the middle of September.

Dr. D. R. Hardeman has returned from Mt. Nebo at which place he spent the month of August.

### DISTRICT AND COUNTY SOCIETIES.

MISSISSIPPI COUNTY.—The next session of the Mississippi County Medical Society will be held at Luxora, Friday, August 14, at 10 o'clock a. m. After the transaction of the regular business, the following papers will be read and discussed:

"Dysentery," by H. C. Dunavant, Osceola.

"Medical Organization," by Thos. G. Brewer, Osceola.

There will be "Report of Cases and General Discussion on the Same," by members of the society. Dr. H. T. Crawford, of Wilson, will read a paper on a subject to be selected.

Plans for a series of public meetings for the discussion of such subjects as the Prevention and Treatment of Tuberculosis, Municipal Sanitation, School Hygiene, etc., will be perfected, and it is earnestly desired that every member of the society be present.

PULASKI COUNTY.—After an adjournment for the summer, the Pulaski County Medical Society will resume active work on the first Tuesday in October. Dr. John R. Dibrell, is president, and Dr. J. G. Watkins, secretary.

BENTON COUNTY.—No report.

MILLER COUNTY.—No report.

JEFFERSON COUNTY.—No report.

GARLAND COUNTY.—No report.

SEBASTIAN COUNTY.—No report.

UNION COUNTY.—No report.

PHILLIPS COUNTY.—No report.

CRAIGHEAD COUNTY.—No report.

CRAWFORD COUNTY.—No report.

JOHNSON COUNTY.—No report.

LAWRENCE COUNTY.—No report.

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### REMOVALS.

Dr. A. F. Gray has recently moved from Evening Shade to Hardy.

Dr. J. H. Fowler, of Gaither, Boone county, has moved to Harrison, and formed a co-partnership with Dr. A. J. Vance.

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### DEATHS.

William E. Pounders, M. D., Chattanooga Medical College, 1905, a member of the Sharp County and Arkansas Medical societies, died of heart disease at his home in Sydney, on July 27th, aged 35 years.



## BOOK REVIEWS.

THE TREATMENT\* OF FRACTURES. With Notes upon a Few Common Dislocations. By Charles Locke Scudder, M. D. Sixth Edition, Thoroughly Revised and Enlarged. Illustrated. W. B. Saunders Company, Philadelphia and London, 1907.

"The Treatment of Fractures," by Scudder, has long been a standard and popular text-book, and this, the sixth edition, contains all that is new and authoritative upon the subject. Fractures of the skull are discussed in the first chapter, followed by a consideration of fractures of the nasal and malar bones, the superior and inferior maxilla. We note with pleasure mention of Matas's splint for the latter fracture. Colle's fracture, so familiar to all surgeons, is very carefully considered, and the reduction and methods of splinting, minutely described. In fractures of the hip, Whitman's method (forcible abduction and immobilization with or without traction) is very favorably spoken of. An illuminating chapter on "The Roentgen Ray and Its Relation to Fractures," is written by Dr. E. R. Codman, and deals with the interpretation of skiagraphs, the mistakes likely to be made in reading them, the practical value of skiagraphs, the local effect of the X-Rays and some conclusions upon the medico-legal relations of the X-Rays. In Chapter XXI the ambulatory treatment of fractures is discussed, and upon this subject the author commits himself as follows: "Theoretically and practically, the ambulatory treatment does not perfectly immobilize; therefore it cannot pre-eminently succeed as a means of treatment. The method in general seems to be unsurgical. \* \* \* However, in certain carefully selected cases of fracture below the knee, particularly of the fibula, if under care of a competent and skillful surgeon, it is possible to conceive of the ambulatory method being used without doing harm." Chapter XXII is devoted to "Notes Upon a Few Dislocations." The book abounds in illustrations and skiagraphs. It is a classical work and will remain one of the standard texts on the subject.

A PRACTICAL GUIDE TO THE EXAMINATION OF THE EAR. By Selden Spencer, A.B., M.D..

Instructor of Otology in Washington University; Aural Surgeon to the Martha Parsons Free Hospital for Children. With an Introductory Chapter by H. N. Spencer, MD., LL.D., Professor of Otology in Washington University. C. V. Mosby Medical Book and Publishing Co., St. Louis, 1908.

This little work of about fifty pages, was written primarily for students doing undergraduate work in otology; and the hope is entertained by the author that it will be the means of assisting them in acquiring that method of study which is so essential to a familiarity with the pathological conditions of the ear.

It is a book that can be read with profit by the general practitioner.

MEDICAL GYNECOLOGY. By Howard A. Kelly, A. B., M. D., LL. D., F. R. C. S. (Hon. Edin.), Professor of Gynecological Surgery in the Johns Hopkins University and Gynecologist to the Johns Hopkins Hospital, Baltimore; Fellow of the American Gynecological Society, Honorary Fellow of the Edinburgh Obstetrical Society and of the Royal Academy of Medicine in Ireland, etc.. etc. With one hundred and sixty-three illustrations. One volume. Cloth, pp. 662. 1908. D. Appleton & Co., New York and London.

The title of this work justifies the inference that gynecology has another aspect beside the purely surgical, and a perusal of this book cannot fail to awaken a feeling of gratitude to Dr. Kelly for returning to the general practitioner, as is implied in the preface, that portion of the great major surgical specialty which he ought to recover by right of his prior lien. It is impossible for lack of space to mention all the subjects discussed, but the reader will hardly be disappointed in finding what he looks for. Special stress is laid upon hygiene and prophylaxis—the field of the general practitioner. "Hygiene of Infancy and Girlhood," is discussed in an earnest and intelligent manner by Dr. Lillia Welch and Dr. Mary Sherwood. Dr. Lewellys F. Barker contributes the chapter on neurasthenia, hysteria and psychasthenia. Prince S. Morrow has written the article on syphilis and Dr. Edward J. Ill, on abortion. Other contributions are Dr.

F. W. Griffith, Dr. Thos. R. Brown and Dr. R. L. Dickinson. Throughout the work etiology and diagnosis are emphasized in no uncertain manner. Disorders of menstruation, constipation, headache, backache, injuries and ailments following labor, carcinoma, diagnosis and palliative treatment are some of the many subjects treated of. Mechanically the book is perfect and the illustrations abundant. No library is complete without a similar work, and we know of none superior to this one.

**DISEASES OF THE NOSE, THROAT AND EAR. MEDICAL AND SURGICAL.** By William Lincoln Ballenger, M. D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, of Chicago University, of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Cloth, \$5.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Diseases of the nose and throat are so intimately associated and interrelated with those of the ear—the pathology and etiology of the one often extending into the other—that Ballenger offers no apology for presenting all three subjects complete in a single volume, and a careful examination of the book shows how fully and thoroughly the task has been accomplished.

The clinical anatomy and physiology of the nose and accessory sinuses are discussed in the first chapters, and the etiology of the deformities of the septum and a description of the operations for the correction of obstructive lesions of the septum. All of the principal operations are described, but the operator is left free to use the one most indicated in the given case. Chapters VIII-XV treat of the inflammatory diseases of the nose and accessory sinuses, and a splendid description is given of the surgical procedures for the relief of the same.

Of the more interesting chapters of Part II are those devoted to the inflammatory diseases of the tonsil and the operations for its surgical conditions. The author expresses the view that the tonsil is of greater clinical importance than the appendix, and that it causes more suffering and more deaths. The question, "Is tonsillectomy a hospital operation?" is answered affirmatively. A fully illustrated chapter is given to the newer subjects of tracheo-bronchoscopy and

esophagoscopy. Part IV is devoted to the ear, the chapter on the surgery of the temporal bone being exceptionally good.

Nearly three thousand monographs were consulted in the preparation of the book and the clarified knowledge thus presented is the very latest from the world's best specialists. A notable feature of the work is that each step of the surgical technique described is numbered and sufficiently illustrated to elucidate the operation. In some instances as many as twenty illustrations are used to accomplish this. There are 864 pages of reading matter and about five hundred original drawings and plates. The work is well-balanced and we unhesitatingly pronounce it the *book premier* of the subjects of which it treats.

**DISEASES OF THE HEART.** By Professor Th. von Jurgensen, of Tubingen; Professor Dr. L. Krehl, of Greifswald; and Professor Dr. L. von Schrotter, of Vienna. Edited, with Additions, by George Dock, M. D., Professor of Medicine, University of Michigan. Illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Pp. 848. (Price, cloth, \$5; half morocco, \$6.)

American medicine should feel deeply grateful to Professor Alfred Stengel for bringing about an English translation of Nothnagel's monographs, the excellency of which is universally admitted. We have had occasion to speak in the highest terms of the previous volumes, and now the last one, *Diseases of the Heart*, edited by Professor George Dock, of Ann Arbor, is no exception to our previous criticism. Professor von Jurgensen contributes the articles on Insufficiency of the Heart, Endocarditis and Valvular Disease; Professor Krehl on Diseases of the Myocardium and Nervous Diseases of the Heart, and Professor Schrotter on Diseases of the Pericardium. The Nauheim baths are described by von Jurgensen who speaks rather favorably of their action in cardiac insufficiency. In speaking of digitalis he says: "He who would use digitalis must have an accurate knowledge of the drug and all its limitations and must never forget that the friend may become a foe." The editor has made valuable addenda in order to harmonize with the



latest American literature on the subjects. The citation of many case-histories add interest to the book. It is a standard work and will remain so for it can hardly be supplanted by one possessing more merit.

**OPERATION ROOM AND THE PATIENT.** By Russell S. Fowler, M. D. Second Edition, Revised and Enlarged. Philadelphia and London: W. B. Saunders Company, 1907.

This second edition of "The Operating Room and the Patient" is quite a valuable little book, and contains many useful hints, not only for the nurse and internes for which it seems to have been designed, but for the surgeon as well. There are XII chapters, the first five of which treat of "The Operating Room and Its Personnel," "The Instrument and Supply Room," "Anesthesia," and "The Patient." In this last chapter, all the operative positions are described and beautifully illustrated. Chapter VI treats of "General Considerations in the After Treatment," and is one of the best in the book. Other subjects discussed are, "Course of Aseptic Wounds," "Complications of Wound Infection," "Aseptic Wounds in Infected Tissues," "Wound Disturbances the Result of Pressure," "Wounds of Surgical Tissues" and "Lists of Instruments and Dressings Commonly Employed."

**INTERNATIONAL CLINICS.** A Quarterly of Illustrated Lectures and Specially Prepared Articles. Edited by W. T. Longcope, M. D. J. B. Lippincott Co., Philadelphia, 1908.

This volume of International Clinics contains many good articles on nine different branches of medicine. Fischer, of New York, contributes an article on the treatment of scarlet fever; Hallopeau, of Paris, writes very interestingly of atoxyl in the treatment of syphilis. He advises its administration concomitantly with mercury and the iodides. "Two Years' Experience of Treatment by the Inoculation of Bacteria," is the title of an article by Turton. Dr. Deadrick, of Arkansas, writes on the treatment of hemoglobinuric fever. "The Serum Treatment of Bacillary Dysentery," is discussed by Vaillard and Dopter, of Paris. Dr. James J. Walsh of New York, writes a very readable article on "Some Curiosities of Lead Poisoning." Under the department of surgery, Dr. John B.

Roberts, of Philadelphia, contributes an article on "Reconstructive Surgery of the Face." The several operations are elucidated by a number of illustrations. The subjects discussed under gynecology, are "The Clinical Manifestations of Uterine Cancer," by Sampson, of Albany; "Gonorrhea and Pregnancy," by Young, of Boston; "Pregnancy Complicated by Uterine Fibromata," by Louis Frank, of Louisville. Charles E. Simon, of Baltimore, writes entertainingly on "Recent Research Into the Pathology of Malignant Disease." Volume II of the Eighteenth Series is well up to the standard set by its predecessors.

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#### BOOKS RECEIVED.

**THE PRINCIPLES OF PATHOLOGY.** By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, and Pathologist to the Royal Victoria Hospital. Montreal, etc. Vol. I. 322 Engravings and 16 Plates. Lea & Febiger. Philadelphia and New York, 1908.

**PAIN; ITS CAUSATION AND DIAGNOSTIC SIGNIFICANCE IN INTERNAL DISEASES.** By Dr. Rudolph Schmidt, Assistant in the Clinic of Hofrat von Neusser, Vienna. Translated and Edited by Karl M. Vogel, M. D., Instructor in Pathology, College of Physicians and Surgeons, Columbia University, and Hans Zinsser, A. M., M. D. J. B. Lippincott Co. Philadelphia and London, 1908.

**THE READY REFERENCE HANDBOOK OF DISEASE OF THE SKIN.** By George Thomas Jaekson, M. D., Professor Dermatology, College of Physicians and Surgeons, New York. 99 Illustrations and 4 Plates. Sixth Edition. Thoroughly Revised. Lea & Febiger. New York and Philadelphia, 1908.

**THE BABY; ITS CARE AND DEVELOPMENT. For the Use of Mothers.** By Le Grand Kerr, M. D., Professor of Disease of Children in the Brooklyn Post-Graduate Medical School, etc. Illustrated. Albert T. Huntington. Brooklyn. Price \$1.00. 1908.

**CONSUMPTION. HOW TO PREVENT AND HOW TO LIVE WITH IT.** By N. S. Davis, A. M., M. D., Professor of Principles and Practice of

Medicine, Northwestern University Medical School, Chicago. Second Edition. Thoroughly Revised. F. A. Davis Company, Philadelphia, 1908.

Progressive Medicine, June, 1908. Lea & Febiger, Philadelphia.

BORDERLAND STUDIES. Miscellaneous Addresses and Essays Pertaining to Medicine and the Medical Profession, and Their Relations to General Science and Thought. Volume II. By George M. Gould, M. D., Formerly Editor of the Medical News, etc. Philadelphia: P. Blakiston's Son & Co., 1908. Pp. 311.

ADENOMYOMA OF THE UTERUS. By Thomas S. Cullen, M. B., Associate Professor of Gynecology, in Johns Hopkins University. Large octavo of 270 pages, with illustrations by Hermann Becker and August Horn. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

SURGERY. By John Allan Wyeth, M. D., LL. D. (University of Alabama), President of the New York Academy of Medicine; President of the Faculty of, and Surgeon in Chief to, the New York Polyclinic Medical School and Hospital, etc. With 864 Illustrations. New York: Marion Sims Wyeth & Co., 1908. Pp. viii-816. (Price, \$6.)

A TEXT-BOOK OF SURGICAL ANATOMY. By William Francis Campbell, M. D., Professor of Anatomy at the Long Island College Hospital. Octavo of 675 pages, with 319 illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

MEDICAL GYNECOLOGY. By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of

Women, New York Post-Graduate Medical School and Hospital. Octavo of 675 Pages, with 135 original illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

PULMONARY TUBERCULOSIS AND ALL COMPLICATIONS. By Sherman G. Bonney, M. D., Professor of Medicine, Denver and Gross College of Medicine, Denver, Octavo of 778 pages, with 189 original illustrations, including 20 in colors and 60 X-Ray photographs. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

GOLDEN RULES OF DIETETICS. The General Principles and Empiric Knowledge of Human Nutrition; Analytic Table of Foodstuffs; Diet Lists and Rules for Infant Feeding, and for Feeding in Various Diseases. By A. L. Benedict, A. M., M. D., Buffalo. Member American Academy of Medicine, and of American Gastroenterological Association, etc. C. V. Mosby Medical Book and Publishing Co. St. Louis, 1908.

Transactions of the Florida Medical Association. 1908.

Transactions of the Medical Association of Georgia. 1908.

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## Original Articles.

### CARDIAC TONICS, INDICATIONS AND CONTRA-INDICATIONS, WITH SPECIAL REFERENCE TO DIGITALIS.\*

By Thos. Hunt Stucky, A. M., M. D.,  
Louisville, Ky.

1. Cardiac disease is linked with the entire system.
2. The importance of maintaining cardiac tone—a question of *nutrition*. Importance of rest, elimination and proper digestive function in order to maintain nutrition. Best tonic is the one which increases nutrition most, enabling the heart to do its duty.
3. Field for mistake lies—
  - (1) Improper estimate of the condition of heart muscle.
  - (2) Placing too much importance on murmurs.
  - (3) Differentiating organic from functional disease and determining underlying causes.
4. To properly select a remedy we should consider the causes which indicate use of tonics.
  - (1) Failure of general nutrition; children not to be pushed.
  - (2) Disturbed local nutrition due to disease in coronary arteries.
  - (3) Valvular lesions, "hemic" murmur.
  - (4) Functional disturbances; relieve nervous system.
  - (5) Improper use of Nauheim baths or exercises.
5. In applying cardiac tonics to relieve these effects.
  - (1) Digitalis stands first. Best cardiac tonic is the one which eliminates as well as restores nutrition.
  - (2) Strophanthus.
  - (3) Spartein.
  - (4) Caffeine.
  - (5) Strychnine.
  - (6) Adrenalin.

The indications calling for the use of cardiac stimulation are inseparably connected with conditions which call for better elimination, increased nutrition and stimulation of the general metabolism; we should realize that cardiac action is linked with the conditions of the entire system, and the indications for treatment directed to the heart itself are more limited than is generally realized.

The quality of the heart muscle which enables it to do its work is tone. Tone we may define as that property in heart, artery or other hollow viscus which preserves the mean diameter of the part in spite of the distention or contraction.

It is important to realize that were it not for tone, the heart, often subject to extravagant demands, would be strained and perhaps ruptured. As long as the tone or reserve strength of the heart muscle is preserved, an increase in the work thrust upon it, either by cardiac causes, valve lesions or inflammatory changes, or by extracardial changes in kidney, lungs, arteries or liver, will be met by stronger contraction, and this dynamical reinforcement becomes statical as hypertrophy. Were tone absolute there would be no dilatation or increase in cavity size; hypertrophy alone would take place. On the other hand, if, as in chronic strain, the tone is overborne little by little, dilatation ultimately soon surpasses hypertrophy.

Thus in the preservation of cardiac action it is a question of nutrition; if nutrition is kept up, compensatory hypertrophy will be the result of cardiac disease, while if nutrition fall below normal, dilatation inevitably results. Therefore, not only as a means of preventing fatal dilatation, not only as prophylactic, but also to restore tone, and to rehabilitate hypertrophy, the restoration of cardiac nutrition is of primary importance. In the use of cardiac tonics this factor must not be forgotten, for although the dynamic force of the heart relative to the demand may be temporarily obtained, the ultimate outcome often means increased insufficiency.

There the chief field for error lies.

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\*Read in the Section on Medicine, at the Thirty-Second Annual Session, of the Arkansas Medical Society, held at Little Rock, May, 1908.

1. In the prognosis and treatment of valvular disease, which may be overtreated or undertreated through failure to estimate properly the condition of the heart muscle.

2. In the failure of recognition of serious lesion of the muscular structure of the heart because of absence of valvular murmurs.

3. In the failure of distinguishing between organic muscular lesions and in the realization that the latter lead to the former.

In the application of cardiac tonics we cannot accept as our guide insufficiency of the heart muscle alone, but we should consider what that disturbance is resulting from.

In the first place, failure of compensation may result from failure of general nutrition, and may be simple anemia, or result from chronic infection diseases—gout, syphilis, diabetes, influenza and rheumatism.

2d. Disturbed local nutrition resulting from coronary sclerosis with consequent fatty and granular cardiac changes.

3d. Compensation may fail from valvular lesions, temporarily from muscular overstrain, as in overlifting, prolonged exertion, etc., or it may become permanent from renal disease, arterio sclerosis and chronic lung disease.

4th. Functional disturbances cause a disturbance in compensation indicating cardiac stimulation from reflex nerve derangements, or emotional disturbances, acting by increasing arterial tension.

Finally a ruptured compensation may result from improper application of treatment, as Nauheim baths or Swedish exercises.

To restore the heart to its normal condition then, is to find out the underlying causes, to realize that we should primarily restore nutrition and remember also that rest, elimination and exercise exert as important a restorative action as the specific cardiac tonics, digitalis, strophanthus, spartein, caffeine and strychnine.

After determining the cause it is necessary to know what tonic to employ, when and how to give and when to stop. We should also remember the principles which govern the employment of the chief of cardiac tonics, digitalis, apply to a certain extent with individual exceptions to the entire group.

In the first place, the primary object being to increase nutrition, it is important to remember that this cannot take place until thorough elimination is provoked, antagonizing the exciting cause. We shall consider the application of digitalis to the causes named indicating cardiac stimulation.

Where simple anemia exists and the cardiac arrhythmia results from the messages sent in from the periphery for more blood, digitalis is useful,

if combined with general tonic treatment, in so far as it stimulates the pneumogastric nerve and steadies the heart muscle. But where this anemia is dependent upon defective elimination as results in rheumatism, gout, etc., the indications are for the use of potassium iodide and mercury, general tonics and stimulation of the emunctories.

In the second place, where coronary sclerosis is present, or where anginal attacks have occurred, digitalis is contra-indicated. By its action these arteries are filled almost to bursting, and their rupture would be almost inevitable.

Where the cardiac insufficiency results from the third cause, muscular overexertion, simple cardiac insufficiency, digitalis is typically indicated, restoring tone, slowing the pulse and decreasing arrhythmia, but during its administration the patient should be kept at absolute rest.

Where a relative insufficiency depends on increased peripheral resistance due to high arterial tension in chronic arterio-sclerosis, renal, hepatic or pulmonary disease, digitalis is contra-indicated. In those cases potassium iodide and mercury, provoking increased elimination, with the application of vaso dilators, opium and the nitrates are indicated. In fact, the condition of the liver, the kidneys and the digestive tract not only aid us in determining what cardiac tonic to use, but often their function can be so greatly improved by provoking increased elimination by purgation, diuresis, diaphoresis, by change of diet and rest, reducing auto-intoxication that the cardiac insufficiency may not need direct stimulation. This applies to many cases of seeming myocardial changes occurring during the course of infectious diseases which are relieved by thorough purgation and elimination. In regard to valvular lesions, regardless of their indications for digitalis, I believe it is contra-indicated where fatty degenerative changes have occurred and in acute myocarditis, and also in acute cardiac failure, as in shock and syncope. Digitalis is typically indicated in mitral lesions, because of its power to lengthen ventricular diastole.

I believe that in our use of digitalis, bearing these facts in mind, we may give the indications and contra-indications as follows:

1. Digitalis is contra-indicated in acute cardiac failure such as occurs in acute angina, shock and collapse because of its slowness of action. As Bartholow expresses it, "We give digitalis today and get results tomorrow."

2. Again, it is useless in acute inflammatory affections of the heart because of the great strain placed upon the vessel walls. In pericarditis, except temporarily.

3. In aortic diseases except when complicated by mitral regurgitation. If the pulse goes below 80, or if free diuresis does not follow its adminis-



tration in these cases, it should be immediately discontinued.

Digitalis is not a suitable diuretic for chronic nephritis, though it is sometimes permissible in the acute forms, but is absolutely contra-indicated if associated with arterio-scleroses.

Digitalis is an uncertain diuretic at all times unless the heart is affected.

It is contra-indicated in mitral cases where ventricular contraction causes increased dilatation.

Also in fatty changes in the kidney.

In aneurism of the great vessels.

In cases of high arterial tension from fevers and septic conditions.

Whenever atheromatous changes are marked.

Digitalis should never be used unless marked venous engorgement is present; if rest, diet, general tonics, combined with elimination, produce marked amelioration of symptoms, it is contra-indicated.

The indications for its use are as follows:

In those cases of low arterial tension characterized by pulsating jugulars, cyanosed face and labored breathing, such as occurs in simple failure of compensation.

In cases associated with a rapid, easily compressible pulse with cough, cyanosis, dyspnea and edema from septic conditions.

In tricuspid stenosis it is of great service.

It is most useful in mitral regurgitation, but the less the lesion approaches the edematous type the less good digitalis will do. Sometimes the heart becomes embarrassed because of the failure of the return flow of blood to supply the left ventricle.

In mitral constriction it usually is of great assistance, giving time for more blood to pass through the opening. Its action can be materially enhanced by relieving the right heart through the liver by purging, and promoting elimination, with the maintenance of absolute rest.

In tricuspid regurgitation or constriction digitalis is especially valuable, when we have a low tension pulse cough, dyspnea and general dropsy.

In aortic regurgitation, if used before compensatory hypertrophy has occurred digitalis is indicated.

The best of all preparations is digalen from two to four drops every six hours.

When compensation is perfect, it is generally injurious, allowing more time for the blood to regurgitate through the imperfectly closed orifice, and increasing the danger of fatal syncope.

If aortic stenosis is complicated by mitral disease, digitalis is indicated, especially when accompanied by general venous stasis and peripheral anemia. Otherwise it is injurious.

In the "irritable heart" of soldiers, and in reflex disturbances from generative tract, intestines and stomach, digitalis does good by stimulating inhibition and steadying the heart, but should always be combined with treatment directed to the underlying anemia.

Congestive conditions in the lungs, unless the temperature is very high, indicate digitalis, but when consolidation is present, as in second stage of pneumonia, it is contra-indicated most positively.

As a diuretic in scarlatinal nephritis, cyanotic induration of kidney and sluggish urinary secretion from feeble circulation it is indicated, not forgetting its slowness of action, which, however, is increased in compensation with calomel in full doses.

Where simple failure of compensation occurs, and the heart cannot meet the demands sent in from the periphery for more nourishment, and the pulse becomes weak and irregular, digitalis is the remedy above all others.

In conclusion, we should bear in mind that digitalis is both a useful and dangerous remedy, and has a very limited range of application, that it is capable of great harm by its contracting effect upon the arterioles, thus shutting off nutrition; that its effect is greatly enhanced by rest, diet, and by stimulating elimination; and that its action is more marked, both upon the heart and kidneys, in the presence of low arterial tension, venous engorgement and obstruction to circulation; that the cumulation effect is not manifested when the drug is given in proper doses, and better elimination provoked, and finally, its preparations differ widely in their composition and action, due to the complex chemical construction, thus we should be exceedingly careful to obtain reliable physiologically tested products.

We might disregard the conditions of the valves per se, with few exceptions, and consider the heart muscle itself. Where the drug fails here it may be attributed to myocardial degeneration.

*Strophanthus*.—Although not as powerful a heart stimulant as digitalis, strophanthus is valuable because it does not affect the arterial tension, does not derange the digestion, nor is it accumulative in action. I believe in cases of relative cardiac insufficiency, in mitral stenosis, or where the arterial tension is high, strophanthus is a valuable substitute for digitalis. Strophanthin should be given in 1-200 to 1-60 of a grain every six hours.

The cardiac tonics which increase elimination are undoubtedly the best, and the diuretic action of strophanthus being exceeding uncertain, its tonic effect is not so marked as digitalis.

*Spartein*.—Spartein is especially adapted to the

fourth group of cases mentioned, those cases of functional ataxia accompanying nervous disturbances, either arising from drug habits or from senile degeneration. It should be used in watery solution, either the infusion or hypodermically, if sulphate of spartein is used, in from 1-2 to 2 gr. doses repeated every three hours.

*Caffeine.*—Caffeine makes a suitable substitute for digitalis in those cases of chronic renal disease, because of its diuretic action. It is contra-indicated in acute renal disease. It may be used with advantage in high arterial tension when digitalis is contra-indicated.

It is recommended by Huchard to be employed in the following way, benzoate of soda, 45 gr.; caffeine, 30 gr.; distilled water, 75 m. This mixture is to be heated and 10 minims given hypodermically every four hours.

*Strychnine.*—This is one of the most valuable heart tonics we possess, being particularly adapted to those heart lesions where direct cardiac stimulation is contra-indicated, as in senile lesions, in anemic conditions, acute infective fevers and neurotic cardiopathies. Its use is of especial value in surgical shock, collapse and respiratory failure in pneumonia. Its prolonged use tends to fatigue the vaso-motor centers in the medulla and spinal column, but the reflex stimulation of nutrition and digestion is extremely valuable in anemic states and functional cardiac derangements.

The dose varies from gr. 1-60 strychnine sulphate to gr. 1-15 in critical shock, repeated every hour or two.

*Adrenalin.*—Suprarenal substance does not seem to affect the normal heart or the normal pulse in organic heart disease. It does not affect normal blood pressure. But an intermittent pulse becomes regular, and a weak pulse stronger, the substance seems to have a tonic effect on the heart muscle, where the blood pressure is low and cardiac action weak from obstinate circulation, as in pneumonia, but its action is temporary and transient, although it may be a valuable adjuvant to other cardiac remedies. It may be given internally in 5 grain capsules, or hypodermically in 3 to 10 drops of a 1-1000 solution of adrenalin.

In conclusion, it is my belief that before cardiac stimulation in the form of direct cardiac tonics is instigated, we should first try the effect of absolute rest, improved general nutrition by diet, increase elimination and specifics where indicated. In the selection of cardiac tonics we should consider the pathological condition calling for aid, especially the tone of the heart muscle, the relative excreting power of the kidneys, together with the condition of the general arterial system.

## INTUSSUSCEPTION.\*

By St. Cloud Cooper, M. D., Fort Smith.

This paper will deal with that form of acute intestinal obstruction found in children and infants, due to invagination of the intestines; and in brief, report of two cases occurring in the practice of the author.

Invagination of the gut may occur in some part of the small intestine—in some part of the colon—or at the ileo-cecal valve. This last is the most common in children and infants. The ileum and cecum pass into the colon, the valve preceding and forming the apex of the intussusception, or the valve remaining stationary, and the ileum passes into the colon.

Fifty per cent of all cases occur before the tenth year of life. Boys are said to be more frequently affected than girls. Irregular muscular action of muscles of intestines, probably due to paralysis of a portion of bowel by interference with its nerve or blood supply, diarrhoea, improper food, diverticula, polypi and traumatism are said to be some of the causes of this disease.

*Symptoms.*—Sudden onset of abdominal pain in a previously healthy child is of great diagnostic importance. The child is restless, complains of pain and is quiet for a time until another pain starts up. Vomiting is not an early and constant symptom, as is found in other forms of intestinal obstruction. At first the abdomen is soft and pressure seems to afford relief. The child may sleep quietly, be awakened by pain, or desire to have a passage and then go back to sleep again.

In most cases there is diarrhoea at first with tenesmus and violent peristalsis, with the passage of blood stained mucus. The sudden pain with blood-stained mucus is characterized of intussusception. The temperature at first is normal, but as the disease progresses it becomes sub-normal. A sausage-shaped inelastic tumor can be felt on careful palpation in some portion of the colon, generally to the left in the descending colon. Soon the abdomen becomes tympanitic and painful to the touch, then follows collapse with cold sweats and rapid pulse. If the obstruction is not soon relieved, death follows in a few hours.

Ninety per cent of those treated by the expectant method die.

Clubbe, in a recent monograph, reports a series of 144 cases of which only fourteen were in subjects over a year old. Of the 144 cases 14, or about 10 per cent, were reduced by injections. One hundred and twenty-four patients were treated by laparotomy, of which 84 recovered.

With these statistics and the knowledge of the pathology of this disease, the treatment is, (a) a

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preliminary injection of warm sweet oil with inversion of the child, and gentle massage of the abdomen. This (b) failing after two hours to reduce the invagination, then laparotomy. Every hour's delay adds to the shock, and increases the difficulty in releasing the intussusception. If there is any uncertainty about the diagnosis ether should be given in order to facilitate abdominal palpation.

A superficial observer, on seeing the passage of blood stained mucus, might conclude that he had a case of entero-colitis, especially if the child had been having previous intestinal disturbance, and give a purgative. This, of course, would be a grave mistake.

If it should happen that a suitable operator could not be secured, I would have more faith in warm sweet oil injected while the child is inverted, followed by massage of the abdomen. Perhaps in a very early case, three or four pounds of metallic mercury poured into the rectum of the inverted child, and the child grasped by the heels and shaken up and down might push out the telescoped gut.

The operation should be done early and should be done quickly. The room should be warm and heat applied to the body and extremities during the operation.

The incision should be long enough to get the thumb and first finger of both hands on the gut. The tumor must not be brought outside of the abdomen; in an early case it will not be necessary. If it should be found necessary to bring the tumor outside, it must be kept warm by hot, moist gauze.

The entering gut is not to be pulled upon, for the adhesions and distension of the invaginated gut will prevent reduction. The invaginated gut should be pushed backwards through the contracting ring, a movement likened to hulling a cherry; or the receiving gut is grasped by the fingers of the right hand at the apex of the tumor while the fingers of the left hand "milk" the entering gut backwards. The appendix should be removed. If the bowel cannot be reduced the whole of the obstruction should be brought outside and an artificial anus made, the greater part of the strangulation tied and cut off. After the operation heat is to be applied, and the child allowed to nurse as soon as it recovers from the anesthetic.

Stimulants are given if the conditions of the patient require it.

#### REPORT OF CASES.

A brief report of two cases in which operation was done will conclude this paper.

Case 1. Female, aged 5 years. Previous health good. Went to bed as usual in apparently healthy condition. During the early part of the night

vomited and complained of pain in the abdomen. Would sleep for a short time then cry with pain; the crying disturbed the father so much that he spanked her a few times for interrupting his sleep. She began to have movements from the bowels, small but bloody. Towards morning a physician was sent for. The physician who was called did not recognize the nature of the trouble and several hours were lost. He gave an opiate which relieved the severity of the pain, but the distress of the child grew more insistent and I was called in consultation. I saw the child about eighteen hours after the onset of the trouble. She was in a state of collapse; rapid pulse; cold sweat; abdomen tympanitic and tender to the touch. A sausage-shaped tumor extending across the upper abdomen and down the left side which could be seen when the abdomen was exposed for inspection, made the diagnosis apparent at a glance. The condition of the patient was so desperate that I at first refused to operate, but at the earnest entreaties of the father I opened the abdomen and found an extensive invagination of the ileum into the colon, the gut was dark and gangrenous. I brought the invaginated part out of the abdomen, tied it off and pulled a portion of the gut above the obstruction out and stitched it to the lower angle of the wound. I then closed the wound with through-and-through sutures and cut away the greater portion of the strangulated gut. The odor was almost overpowering. This was in the days before salt solution stimulation. She died a few hours later.

Case 2. Male, aged 8 months. Bottle-fed, well-nourished infant. For several days he had been having slight digestive disturbances, and late in the afternoon of April 14, 1907, was fretful and vomited once; passed several stools of blood-stained mucus with some straining. The father consulted me about 8 p. m., and wished me to send out some medicine for this condition. Not being satisfied with his report and diagnosis, I went to see the baby. Found the little fellow asleep; but he shortly became restless and passed about a tablespoonful of blood-stained mucus, smiled and dropped off to sleep again. The mother now exhibited several napkins containing small, bloody, mucus actions. An hour previous to my call he had drunk his bottle of milk and had retained it. Suspecting the nature of the trouble from the first, I examined the abdomen, which was soft and easily palpated, but could not at first make out a tumor. While observing, the baby would wake up every few minutes and pass a small, bloody, mucus action and return to sleep.

After waiting by his bedside for about an hour I could feel, low down on the left side, a small tumor. A few minutes more the tumor was easily felt commencing in the transverse colon and ex-

tending down to the left flank. The nature of the trouble was explained to the parents and their consent was obtained for immediate operation.

He was taken to Belle Point Hospital and, assisted by Dr. J. D. Southard, a small incision was made and the gut easily pushed back. The ileo-cecal valve with about ten inches of the ileum had passed into the colon. An appendix two and one-half inches long, very much congested, was tied off.

The wound was closed and he was put in a warm bed in good condition. He did not vomit or seem to suffer from the effects of the anesthetic and as soon as he aroused he was given water. He was fed small quantities of milk at frequent intervals during the next day. Bowels moved well a few hours after operation. Excepting a temperature of 101 the day following the operation, his recovery was uneventful.

Being bottle-fed he had digestive disturbances off and on during May, June and July. Three months after operation while visiting out of the city, he was taken sick with the same symptoms as before. He was brought home and in my absence was operated on by my colleague, Dr. Southard. Dr. Southard reports that he found his condition approaching collapse, with very much distressed abdomen. The abdomen was opened and it was with great difficulty the invagination was reduced. The invagination occurred at the same place. He did not rally and died a few hours later.

I have seen other cases in consultation in which valuable time had been lost in efforts to cure by injections, and as these cases were moribund when seen, nothing was done.

#### DISCUSSION.

Dr. M. G. Thompson, Hot Springs: While we appreciate the early diagnosis and the early opinion that a child has obstruction, I want to say that it requires more knowledge than the ordinary doctor possesses, by merely examining the stools to simply say that the case is one of obstruction, and operation must be done. It will take more than the color of the stools for me to say that a child must be operated on or it will die. Gentlemen, we cannot lay stress enough on the color of the stools and their characteristics to justify us to say: "Operate without purgatives." I regret that we cannot discriminate between many of these conditions. I do not believe that the most reputable surgeon could discriminate between them very often. Time is lost, too, before that discrimination can be made. I congratulate the doctor upon his bold efforts and his idea of knowing at once what was the matter with the child. But, every surgeon meets those conditions, and regrets that he was not called earlier.

Dr. J. S. Rinehart, Camden: I want to say a word in regard to the importance of making a diagnosis in these cases. These are important cases, and we should operate early, before they are in profound shock. The little blood we see in the stools is important, if we have the other train of symptoms following. We have symptoms of bowel trouble; of diarrhoea. The point the essayist made in watching the child until he felt the presence of the intestinal tumor, is of importance to us all. There are not very many of you gentlemen who will sit by the bedside of a baby, especially where your fee is somewhat questioned, for an hour and watch a baby to see whether anything of importance is going to occur; to see the cause of a diarrhoea, or examine the abdomen and watch for the peristalsis of the intestines. Few of us will make a mistake in our opinion of the condition of affairs if we will look, examine and observe the patient long enough to make out something definite.

Dr. H. C. Dunavant, Osceola: I wish to thank Dr. Cooper for this valuable paper, and I think every word he has said is worthy of attention. I am sure he has told the truth, notwithstanding my venerable friend thinks to the contrary. Dr. Thompson, I think, has in mind a little case of diarrhoea or dysentery. But the subject of obstruction, known as acute invagination in children, as just announced by Dr. Cooper, frequently passes by unnoticed, and the child has a death certificate written of malaria or congestion. I call to mind a case recently in my practice. I am sure it was a case of invagination. The symptoms were not quite so grave as the latter case reported by Dr. Cooper, and I prescribed, over the telephone, a purgative, and directed the mother to give an enema. There was no bowel movement. The child became very much worse the next day; the bowels had not moved, it was very stupid and the extremities cold. So, I at once saw the child and found marked symptoms of shock. I scarcely knew how to direct my efforts. I could not outline a tumor. But the absence of bowel movement and the shock, of course, indicated some obstruction. I ordered a warm bath, after which I had the mother hold the child up by its feet, and I gave an enema of water, filling the bowel very slowly. I massaged the abdomen, while the child was inverted and the little fellow complained of considerable pain. We let him down and soon he had a copious action of the bowels, and, as if almost pulled out of the jaws of death, he began to react, and showed considerably more evidence of living than he had a few minutes before. Now, I could not say that there was invagination or intussusception. I am not certain of the diagnosis, but there was obstruction to the bowel that almost caused the child's death,



and I am sure that if I had not visited him as soon as I did death would have followed. I report this case with emphasis upon the same point brought out in the doctor's paper. I think the paper is a very important one, and should receive liberal discussion.

Dr. Cooper: I thank the gentlemen who have discussed the paper. I think my friend, Dr. Thompson, has rather misunderstood me. I did not mean to say that a diagnosis of intussusception should be made if only bloody actions are present. As my friend who has just spoken said, it is the sudden onset of pain and this blood-stained mucus that justify the diagnosis. Not bloody mucus; not just an action with clear mucus and a little blood with it, but the blood intimately mixed with the mucus. As my friend says, the secretion of the bowels thoroughly mixed with blood, and small, frequent actions. I think it is very easy to make a diagnosis of intussusception. In every case I have seen, but one, the diagnosis had been made from the start.

In the early stages it is an easy matter to detect the tumor. The abdomen is soft, and the tumor can be outlined. Of course, when the obstruction becomes more marked and the distension so great that you can not easily make it out, enough ether to relax muscular action would be the thing to do. My point is, not to treat these cases by injections, but to operate early, and if the cases are operated upon early you will save a good many more lives than will be saved by the customary treatment.

Dr. Dunavant: What is your observation as to the comparative condition of shock in the first stages of these cases?

Dr. Cooper: Shock has not occurred then. The child is restless for a while, has pain, complains some, drops off to sleep, and then comes another violent peristalsis with pain and restlessness. But, when the obstruction becomes complete, then there is shock, profound, with collapse and death.

Dr. A. J. Vance, Harrison: Have you noticed constant rigidity of the abdominal muscles in early cases?

Dr. Cooper: No. I have been able to easily palpate the abdomen in all the cases I have seen early.

Dr. O. Howton, Osceola: Speaking of the treatment of this condition, it reminds me of a colleague of mine who adopted a unique method of treating obstruction of the bowels. He took a long rubber tube and introduced it high up into the colon, as high as he could, and to the outside end of this tube he attached a bicycle pump, and proceeded to pump the lower gut full of air. The obstruction was quickly relieved.

## DRAINAGE.\*

By C. R. Shinault, M. D., Little Rock.

The object of this paper is not so much to introduce new methods, but to emphasize the importance of drainage when it is indicated.

Drainage antedates surgery, for nature has practiced it from the very beginning of animal existence and has never ceased and perhaps never will, since all spontaneous cures of traumatic origin wherever located, are the results usually of septic products finding a surface exit whereby a continuous drainage is kept up until repair work is completed.

When we take into consideration what nature has done and is doing, it behooves us to ever keep in mind these facts and in our endeavors to drain, remember that after all we are only assisting that power. Should we lose sight of this fact we are liable to become a dangerous medium. For instance, it has been a great while since the doctor for the sake of doing something, would, after opening a surface abscess, stuff the cavity full of the most convenient powder, merely on the reputation of its name, "antiseptic," and to return and find pent-up pus, under whose crust of powder millions of germs were reveling over the satisfaction of being so well sheltered; or a similar treatment to a mangled limb, all of which handicaps Nature's efforts to drain. The same can be said for the thoracic and abdominal regions, for we know if properly applied, it is a rare occurrence that drainage does harm.

For this reason, I make it a rule in general, as well as in abdominal work, where I am the least bit in doubt as to whether drainage is indicated or not, to take no chances, but drain.

There can be no harm done in general surgery for so doing, taking for granted that one is surgically clean and his drainage material likewise.

The possibilities of subsequent hernias, which one might have in abdominal work, may be dealt with in a surgically clean field later.

The two principal things which we drain for outside of gall-bladder work is capillary oozing and infection, hence the importance of knowing the best material and technique applicable to the individual case.

In amputations and minor operations it is not so necessary to adhere to any one particular material, as it is the importance of keeping in mind free drainage, or even multiple drainage. A few strands of silk-worm gut drawn through the closed flap of an amputated finger might suffice and do good by favoring the exit of capillary oozing; while gauze, rubber tubing or cigarette drains

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would serve in larger flaps. But when we apply drainage in the abdominal cavity, a thorough knowledge of the gauze packing, gauze cofferdam, cigarette drain, glass and rubber tubing, or a combination of any of them and the art of applying the same, we should know which of these is best suited for the particular case, and after making our selection, we should clear the way by gentle parting of the folds of viscera and place one or more of the drains at the most dependent part of the diseased area. If this is not done and free drainage is not obtained, the drainage material should not be condemned, as the fault rests with the operator.

It must ever be remembered what a powerful means of control the surgeon possesses in the drain, more particularly in the gauze drain, and proper selection and proper application is absolutely necessary for success. For instance, by packing a cavity tightly with gauze a capillary hemorrhage of considerable extent can be arrested, while by loosely applying the same material an extensive area may be completely drained.

Another point of importance is that when a drain has accomplished its purpose, then its utility ceases and it becomes as a foreign body and should be removed, but one must be adept in knowing just when this utility ceases, for there is danger in removing a drain too soon.

As to the proper selection of drainage material it is considered by a majority of operators better to use rubber tissue in brain work, rubber tubing in drainage of the thoracic cavity, glass or rubber tubing; or, what is better, gauze in abdominal and pelvic surgery, and cigarette and silk-worm gut in amputations and minor cases.

Especially useful is the cofferdam gauze in the abdomen and pelvis, as it not only picks up and absorbs infectious fluids from the seat of the diseased process, but it also shields and protects surrounding absorbent surfaces from the ravages of pathogenic germs.

We should not be so particular about partial closure of incisions made large in any abdominal pus case, but we should bear in mind the importance of filling an incision well up with layers of gauze to favor capillary drainage.

In pelvic surgery, if properly applied, in rare exceptions the abdominal route for drainage is preferable to the vaginal.

When some one places the vaginal route foremost, I wonder if he is not more or less deficient in his technique as to applying the cofferdam and other methods which have so popularized up-hill drainage.

He who is skeptical as to the efficacy of up-hill capillary drainage being the best method in the majority of cases of abdominal and pelvic surgery, should study the philosophy of the lamp wick.

## SCIATICA.\*

By G. E. Cannon, M. D., Magnolia.

Sciatica is a neuritis, affecting the sciatic nerve, accompanied with great pain, especially on motion of the leg and extends along the course of the nerve and often up into the lumbar region.

Some call it a neuralgia, and some a rheumatism, but practically every case is a neuritis. The cause generally, if not always, is from pressure. The peculiar surroundings of the great nerve, its passage through the sacro-sciatic notch and its position in that part of the muscular system which is subjected to much motion and pressure, and its great size, make it subject to injury. Of course a predisposition is present in all patients, but by careful inquiry, you can trace the cause to a heavy lift, a sudden strain, a hard seat in an office or sudden and hard jolts like bicycle riding over rough roads or such like.

The symptoms are very mild or very marked, according to the severity of the disease. We often see a case causing very little discomfort and running over many months, because the patient deems it hardly necessary to consult a physician, though all the time he experiences pain in the hip, thigh, calf of leg or foot, and maybe, all the way along. Another patient is not able to be out of bed from the first, and is not able to sleep or rest. The excruciating pain is greatly increased by motion. Non-use and an unhealthy state of the nerve both combine to cause an atrophy of the leg. A chronic case often causes the trunk to bend towards the diseased side and the pelvis to be tilted up towards the sound side, making a deformity (sciatic scoliosis).

## DIAGNOSIS.

The diagnosis is usually easy to the physician who traces out the course of the nerve. It must, however, be distinguished from hip-joint disease, organic disease of the cauda equina, muscular pains in the leg or hip, and pain from tumors, foreign bodies and gunshot wounds. Gowers' diagnostic point was to straighten the leg and then flex the thigh at a little more than a right angle to the body, press over the back part of the knee, and, if it caused pain to run up the thigh, the diagnosis is confirmed.

## TREATMENT.

Our experience in these cases with the medicinal treatment as recommended has been disappointing. We have wrapped the limb in sulphur, used deep injections of chloroform, applied liniments galore and given many internal remedies without any apparent results. One physician maintains that he cured himself by riding a bicycle, which probably might be true if ridden over smooth

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roads, but the reverse would occur if ridden over rough grounds.

Our main purpose in writing this is to give two points in the treatment which, if properly carried out, will, we believe, satisfactorily cure any case. Rest and electricity will do this. Electricity alone will do the work, but is much more efficient if combined with rest. Since beginning this line of treatment it has been our privilege to treat several cases with gratifying results. Only two of these cases shall be mentioned. Believing all cases of inflammation to be a condition where alkalinity predominates, and knowing the positive pole of the galvanic battery to be acid, we began the treatment in good faith and were not disappointed, as these two cases will show.

Case No. 1. Mr. A. J., male, age 55. For many years he has been an office man. December 26, 1906, he came to me complaining with pain in the back and down one leg. He said the trouble began six years ago and he believed he had kidney trouble. After a diagnosis of sciatica was made, the treatment by electricity was begun without any internal treatment. Treatments were given every day, the patient losing no time from work. A sofa cushion was used in the office chair. After thirty-one treatments the patient was dismissed, and recently said he had had no recurrence and that his health was better during 1907 than it had been for ten years.

Case No. 2. Mr. H. N., aged 42, a day laborer at a sawmill. He came on March 11, 1907, for the removal of a bullet which he thought was giving him trouble for the first time since he was shot high up in the hip, fifteen years before. He had been suffering agonies for six weeks and could not stand long enough without resting for an examination to be made with the X-Ray. After locating the ball, too high to be a cause of the trouble, and examining further, a diagnosis of sciatica was made and treatment began. The patient was not able to pay board in town, so he came in and went out home, six miles, on a lumber wagon. After the first treatment, he was very much improved. Fifteen treatments were given at irregular intervals covering the time from March 11th to April 20th, 1907. At this time patient began hard labor, again a well man. This patient took internally a little strychnia and syrup or iron iodide.

The technic is simple. Two sponges are attached to a galvanic battery. For the antiseptic effect we use the sponge covered with absorbent cotton. It is easily saturated with water and can be removed and made new for each case. The positive pole is used for twenty minutes over the course of the nerve and rubbed firmly. The negative pole is applied to some other part of

the body, usually the shoulders and back. If the patient does not complain too much of the burning, twenty milliamperes are used, but in some patient ten milliamperes will cause complaint. If you have not the wall plate or some battery by which you may measure the electricity, use the ordinary battery and use as much current as the patient will stand. In our opinion this is the most satisfactory treatment for this disease, as well as all other nerve inflammations in the body of like character.

The main points which we wish to emphasize are these: The disease is a neuritis, caused by pressure or trauma and can be most successfully treated by rest and galvanic electricity. We hope this may stimulate a more friendly feeling towards electricity and a desire to study its benefits.

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#### SPORADIC CASES OF DIPHTHERIA.\*

By C. C. Price, M. D., Douglas, Ark.

I am almost ashamed to come before you with a paper that has so little merit, and can offer as my only excuse my solicitude for my brother physicians, who, like myself, are not thrown in close touch with the many small medical centers of our state, and consequently have not the advantages of the liberal supply of therapeutic agents that are so necessary and essential in the treatment of many diseases.

Knowing that I cannot present anything new in the treatment of this disease, prevents me from going fully into details of its many factors, and will hold me to a very few remarks on a case as I saw it. Also knowing the value of time in the treatment which exacts precision and promptness, has elicited this brief summary of the case in question.

I was called in consultation with Dr. D., to see Mr. B's children at about 9 p. m., and got the following history of their trouble:

First child, girl 4 years old, was taken sick five days before with what was taken for membranous croup, was treated as such, and died on the evening of the fifth day. The next day two children (twins) 2 years old, were taken on the second day after the first child. The last two were the ones I was called to see. On arriving at the house I found one in a dying condition; dull, listless, with stupor and considerable delirium. It gradually grew worse and weaker until death took place at 11 p. m. The other child was very sick, but did not present the depressing symptoms shown in the first case.

We made as thorough an examination as possible of the throat, and found the grayish mem-

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\*Read in the Section on Practice, at the Thirty-Second Annual Session, of the Arkansas Medical Society, held at Little Rock, May, 1908.

brane, its removal followed by bleeding, the tonsils almost meeting, labored and difficult breathing, the child making every effort to assist the muscles of the chest in breathing.

I had talked with Dr. D. the evening before about the cases, and had decided they were diphtheritic, and upon my advice serum was telephoned for, but we could not get it until 2 a. m. of the night of the consultation.

After seemingly centuries of waiting, the serum finally arrived, and at once the child was given a dose of 3000 units, was closely watched the remainder of the night. Dr. D. reported improvement at 7 a. m., continued improvement at 11 a. m., which was kept up until child was out of danger, never having to give but the one injection of 3000 units. This convinced me that the other children might have been saved had the serum been used on them.

The pretty point here is the actual saving of the child's life, the almost instant improvement, the use of one injection, quick work and good results, the necessary things to hope for in dealing with any disease.

Now I want to urge upon all my country brothers to keep on hand at all times a supply of diphtheritic anti-toxin. In case it gets old you can easily exchange for fresh, that is, if you are dealing with a first-class drug house. You may not need this once a year, but, when you do, you will be amply repaid for your trouble and forethought in having it on hand.

My reason for calling these cases sporadic is this: I could not get any history of exposure, nor had there been any diphtheria in our section; I knew the people to be "stay-at-homes," hence the diagnosis.

But, with your permission, I will make this addendum. Since the above happened I continued to investigate and found that ten days previous to the attack of the first child, the parents had received a letter from some relatives near St. Louis, telling them of the death of one of their children from diphtheria. Now did the Klebs-Loeffler come by mail, or how did it get there?

In conclusion, let me beg you, while watching and praying, to also keep on hand a liberal supply of anti-toxin, that specific so easy to obtain and so certain of cure in this dreaded disease.



# THE JOURNAL

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**MORGAN SMITH, M. D.**

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## Editorials.

### THE ANTI-PROHIBITION MEETING OF THE PULASKI COUNTY MEDICAL SOCIETY.

IN ANOTHER COLUMN, under the head of "Report of District and County Societies," will be found an official report of the special meeting of the Pulaski County Medical Society, held at the Little Rock School Board Rooms, Friday evening, September 4, 1908, to which attention is called. Inasmuch as the petitioners who requested President Dibrell to call this special meeting have been subjected to unjust, unwarranted and unprofessional criticism; and because the motion adopted by the society, "without a dissenting vote," implies (a) that an attempt was made by the petitioners to inject politics and religion into the society, and (b) that all the members present endorsed the motion; and furthermore, because of the unprecedented parliamentary action of which the society was guilty, and the rank discourtesy to which some of

the members of the society felt they were subjected, we feel justified and take it to be our duty, to make a plain statement of facts concerning this meeting and submit it to the judgment of the fair-minded for a verdict.

WE HAVE LONG BEEN OF THE OPINION that as physicians know better than any other class of people the damaging effects of alcohol and the evils and crimes traceable to it, they should not hesitate to throw the weight of their influence into the movement to annihilate the liquor traffic. If the principles upon which the profession of medicine is based are true, and the purposes of organized medical societies are sincerely subscribed to by their members, there can be no doubt about the duty of the physician. The medical society is the first and proper place for physicians to discuss prohibition and other correlated subjects, and to arrive at some common ground facts and outline a course of duty to be pursued. The public, our patients, is then entitled to this knowledge and advice. Believing that the purposes of the Pulaski County Medical Society were not only not inconsistent with these opinions, but on the contrary specifically encouraged the enlightenment and education of the public in scientific, legislative, public health, material and social affairs, we initiated the movement to petition President Dibrell to call a special session of the society for the purpose of discussing the prohibition question. The petition was written by Dr. Stephenson, ex-president of the Arkansas Medical Society who, being in hearty sympathy with the movement, obtained the requisite number of signatures to comply with the law providing for the calling of a special session of the society. Dr. C. E. Witt, Dr. Oscar Gray, Dr. Jas. H. Lenow, Dr. B. W. Flinn, Dr. J. E. T. Holliman and the writer were the other signers of the petition. In accordance with the request of these petitioners, all in good standing in the society, Dr. Dibrell directed the secretary to issue a call for the meeting to be convened at the School Board Rooms, at 8 o'clock, Friday evening, September 4th.

PROMPTLY AT THE APPOINTED HOUR, President Dibrell called the meeting to order, the following members being present in response to the call:

Dr. Wm. R. Bathurst, Dr. E. Bentley, Dr. C. E. Bentley, Dr. G. M. D. Cantrell, Dr. E. R. Dibrell, Dr. J. R. Dibrell, Dr. J. L. Dibrell, Dr. W. C. Dunaway, Dr. L. P. Gibson, Dr. Oscar Gray, Dr. J. E. T. Holliman, Dr. T. E. Hodges, Dr. S. U. King, Dr. J. H. Lenow, Dr. M. D. Ogden, Dr. C. V. Scott, Dr. J. E. Quiddor, Dr. W. A. Snodgrass, Dr. A. E. Sweatland, Dr. Milton Vaughn, Dr. J. G. Watkins, Dr. A. M. Zell.

Dr. Milton Vaughn arose and stated that as the meeting was called for the purpose of discussing prohibition, he would suggest that the discussion be opened. Dr. Gibson made the point of order that there was nothing before the house, which point was sustained by the chair, whereupon Dr. Cantrell introduced the following motion, seconded by Dr. Watkins, which "was carried without a dissenting vote:"

"Since the society has never committed itself to any particular *religious* or *political faith*, (italics ours) and deeming it not expedient to do so now, that the *resolutions* (italics ours) be tabled indefinitely."

A motion to adjourn was then made and carried, the time occupied for the transaction of this business being just exactly seven minutes. Dr. Stephenson, who was in possession of the resolutions that were to have been introduced, and the writer, were on their way to the meeting and within one block of the School Board Rooms when the meeting was adjourned. We were informed of the action of the society by some of the retiring members.

TO THOSE WHO BELIEVE all men are liars, and that behind every beneficent movement some sinister or diabolical motive lurks, we have no explanation to offer. But to the catholic members of the society and the profession, to those who believe in tolerance of opinion and fair-play, we submit for their judgment the resolutions which were drawn and were to have been introduced, and ask if there is one word or phrase in them which could be construed to be an attempt to foist "any religious or political faith" on the society. On the contrary, great pains were taken to so word the resolutions that they would be free from everything but what they were intended to be—a plain statement of scientific facts. We had hoped to make the language of the resolutions so plain and un-

equivocal that the "bugaboo-finder" would have no excuse to offer a single word in criticism.

IN VIEW OF THE UNCHALLENGED dominance of one political party in this state and city, the fear of making political capital out of the discussion of prohibition in a medical society, is sadly humorous to us. Prohibition is not a political question; it is sociologic, but it must be settled by government, although government is run by political parties. This politico-phobia which so possessed the society is not in harmony with the present day spirit of militant medicine, and we would respectfully refer those who are not averse to progress to the published addresses of America's leading physicians on the subject of "The Doctor in Politics."

IN REFUTATION OF THE INSINUATION that there was an attempt on the part of the petitioners to saddle a "*religious faith*" on the society, we can only say that as we affiliate with no church we could not reasonably be accused of having any such intention. As there was never any necessity for ascertaining the religious faith of the other petitioners, we are in absolute ignorance of their church affiliation. Not even were the ministers and laymen who were conducting open prohibition meetings in this city and waging such an earnest warfare against the liquor traffic, aware of this meeting or our movement, except as they got their information from the press. We needed no political or religious allies. It was a work originated by physicians, for physicians and the public good, and the motion declaring "it is not expedient at this time to commit the society to any religious or political faith," was a subterfuge made out of whole cloth, and bad material at that. We can only regard the action of the society, to employ a slang expression, as "a short cut to tall timber."

AND NOW, KIND READER, we want to call your attention to one of the most wonderful parliamentary stunts that was ever pulled off in a body supposed to be deliberative and operating under "Roberts' Rules of Order." In order to preserve the continuity of the proceedings of the meeting, we call your attention again to the motion found in the report of the secretary:



"Since the society has never committed itself to any particular *religious*. or *political faith*, (italic ours) and deeming it not expedient to do so now, that the *resolutions* (italic ours) be tabled indefinitely."

WE WOULD ASK TO KNOW upon what authority the society indefinitely tabled resolutions that had not been presented? The resolutions were in possession of Dr. Stephenson who was on his way to the meeting when he was notified of its adjournment. It is true a few of the members who supported the motion were familiar with the text of the resolutions that were to be introduced, and therefore voted intelligently, even if in violation of every known parliamentary law. We would ask Dr. Cantrell who made the motion, Dr. Watkins who made the second, President Dibrell who put the question, the parliamentarians present, and the members who supported it "without a dissenting vote," to cite authorities or precedents for their action. Of course the citations and precedents will not be forthcoming, and we can only characterize the proceeding as a very laughable, parliamentary farce. Ward politics is not very far below such methods. But for the report as confirmatory evidence, we would never have believed that such a feat could have been so easily accomplished. It is proverbial that many strange things happen in a poker game, but this was a medical society supposed to be composed of medical men of high standing and high ideals, amongst whom are many who lay considerable claim to exceptional parliamentary knowledge, and all of whom are clothed with the presumption of being disposed to treat their colleagues as equals and with reasonable courtesy.

THE OFFICIAL REPORT ALSO STATES that "the motion was seconded and passed without a dissenting vote." That all present were heartily in favor of the motion, is the very natural conclusion that might be drawn from the report; but we are requested by Drs. Hodges, Holliman, Gray, Lenow and Scott, to whom the report was submitted, to say that they were opposed to the motion. It is true the motion was passed without a dissenting vote; but it is equally as true that it did not meet with the approval of these

physicians above named. One member made the statement, that if the negative side of the motion was put, he did not remember it; and that if it had been put, it could not have been heard, so great was the confusion following the taking of the "yea" vote.

IN JUSTICE TO DR. JOHN DIBRELL who presided at the meeting and who expressed himself as not opposed to the discussion of such subjects by medical societies, we have no word of censure; for his statement that the importunities of certain prominent members of the society were such as to prevent him from permitting the summary action taken by the society, is sufficient to satisfy us of his fairness.

NOW, IN CONCLUSION, we submit the *resolutions*, that *would have been introduced*, but which were tabled indefinitely by a long-distance method hitherto unknown to parliamentarians. We challenge any member present at that meeting to adduce proof of the unfitness of the resolutions to be presented before a body of educated, intelligent physicians. The columns of this JOURNAL are open to those who wish to take advantage of this opportunity to accomplish the impossible.

#### RESOLUTIONS.

Whereas, the purposes of the Arkansas Medical Society, of which the Pulaski County Medical Society is a component part, and to the constitution of which it avows its allegiance, specifically encourage the medical profession to embrace every opportunity "to enlighten and educate the public in all scientific, legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it;" and,

Whereas, the modern conception of the duties of the medical profession implies something more than the mere making of a diagnosis and the administration of drugs; and,

Whereas, many social, political and economic problems with which municipalities, states and nations are grappling, are made easier of solution when illuminated by the physician's knowledge and supported by his intelligent influence; and,

Whereas, every movement which has for its ultimate objects the elevation of the standards of citizenship, the improvement of the physical and social condition of people, and the preven-

tion or lessening of the evils of disease, produced from whatsoever cause, should receive the open, hearty and intelligent support of the medical profession; and,

Whereas, the prohibition question is now directly before the people of this city and state for solution, and believing that a great majority of the people are ignorant of the accepted facts concerning the properties of alcohol; therefore, be it

Resolved, That the Pulaski County Medical Society, in special session assembled, make the following declarations, believing them to represent the true facts as taught by medical authorities at this date:

First—Alcohol is a narcotic poison. Poisons of this class, when continued or used to excess, are damaging to the organism.

Second—Beverages are unnecessary to health or a condition of well-being; therefore alcohol as a beverage is productive of evil and does not subserve any functional or organic processes in the bodily economy.

Third—Alcohol is not a stimulant in the true definition of that word; but on the contrary it lowers bodily temperature and increases susceptibility to disease.

Fourth—Alcohol has no practical food value, a statement agreed to by all physiologists.

Fifth—The usefulness and indications of alcohol as a medicine are so limited that the doctor's armamentarium would suffer little by its absence therefrom.

Sixth—The scleroses, hepatic cirrhosis and allied diseases are, with one or two exceptions, traceable to the use of alcohol. They are considered almost incurable and constitute a large class of cases.

Seventh—The venereal peril, now so important a subject before the civilized world, is intimately associated with alcoholism; this intimacy being apparent to physicians of special experience and observation.

Eighth—The continued use of alcohol is injurious to body, mind and character, and "is a powerful factor in social devolution, personal and family degeneracy and in producing the needlessly high morbidity and mortality rates," and the entire subject of alcoholism, with its concomitant evils, properly and rightfully belongs to the domain of preventive medicine and public hygiene.

Resolved, That the adoption of these resolutions shall in no way be construed to mean that the members of this society are committed to support the prohibition movement, but each member is left free to take such political action as his individual conscience dictates.

C. C. Stephenson, M. D.

C. E. Witt, M. D.

Morgan Smith, M. D.

## ***Editorial Clippings***

### **THE MEDICAL PROFESSION AND THE TEMPERANCE CAMPAIGN.**

The remarkable campaign for the abolition of dram shops that has swept over the state, and the active part that the medical profession has taken on one side or the other, furnishes an opportunity to review the history of this subject for the past century.

In the early (agricultural) days of Illinois drinking was universal, whiskey was untaxed and cheap and all merchants kept a barrel on tap, with a tin cup convenient, inviting customers to drink without limit or hindrance. No log-rolling or barn-raising was complete without an ample supply of stimulants, and the festivities were often followed by brawls sometimes disastrous in their outcome. Every large landholder possessed a distillery, and whiskey and high wines, shipped to the south, formed a large part of the commerce of the agricultural communities. Every hotel office was an appendage of the barroom. Every private house had its sideboard or cupboard and decanter. Every housewife had her favorite "bitters" close at hand. It was universally given to the newborn infant and the dying adult.

The first popular great protest against the use of liquor was the Washingtonian reform which swept over the country about 1840. By reason of it many of the better class of citizens abandoned the manufacture and use of liquor, and bars were abolished from the hotels or placed in separate rooms. Fewer of the leading citizens of every community considered it no disgrace to be taken home by their companions in a state of maudlin drunkenness. The wars of 1846 and 1861 were probably responsible for a partial relapse to former conditions and the formation of dissipated habits by the oncoming generation. These wars were followed by the temperance crusade of 1873, which had its origin in Ohio and represented the protest of the motherhood of the country against the results of intemperance on the home. It rapidly spread over all the western states and exerted a great influence. Drunkenness became



still less frequent and it was no longer considered a necessary sign of manhood to become intoxicated. The character of the person handling the business of dispensing liquors fell still lower as a general rule. The saloon passed largely from the possession of individual owners and became commission houses for brewers and distillers. Licenses for sale of liquors became gradually higher and higher, and in order to make both ends meet saloon-keepers seemed to find it necessary to violate the laws requiring early and Sunday closing and forbidding the sale of liquors to minors. Wine rooms, rooming houses, and vaudeville shows were often added as attachments, and liquors were sold to habitual drunkards; thieves, confidence men and gamblers made certain saloons their headquarters, and thus there came into existence places which were known to be detrimental to public morals and injurious to public health. As a result a wave of local option or prohibition, starting in the west and south, has swept across the country, and large sections of the many states, among them Illinois, have become "dry" territory.

It is not to be supposed that the evil effects of intemperance will be wiped away by this one wave of reform, and it remains to be seen just how enduring this effort will become. The medical profession better than any other portion of the community has knowledge of the blighting effects of intemperance. They know that at least 20 per cent, of insanity arises from it, and that a large part of the existing poverty and crime have their origin in its use. They know that the use of alcohol in every form has greatly decreased in the treatment of diseases until now very few prescriptions of wines, liquors and beer are written by the thinking profession. Forty years ago alcohol was considered a stimulant. Today it is known to be a poison. In all diseases of the liver and kidneys its use is absolutely interdicted. Less and less it is being used in the treatment of any disease. It will thus be seen that the medical profession has an especial interest in this subject and we doubt not will lend its influence to the perpetuation of the present movement for the abolition of

the liquor traffic. In many of the cities the names of medical men are found in the membership of organizations formed to see that the prohibition laws are enforced.—*Illinois Medical Journal*.

#### HEREDITY AND TUBERCULOSIS.

Professor Karl Pearson, than whom there is no higher authority on biologic statistics, finds that his researches on the incidence of pulmonary tuberculosis rather favor the presumption of heredity being a leading if not a dominant factor. It is impossible, he admits, to assume, with the present insufficient data, that any disease is inherited in the same sense that physical and mental characteristics are inherited, but if inheritance of a consumptive tendency or diathesis is not assumed, it is difficult to explain the facts, or to see how any one escapes with the actual universal distribution of the infection, especially in dense populations. Few individuals, he says, who lead a moderately active life can escape an almost daily risk of infection. Another fact pointing the same way is that the average age at the onset of the disease is practically the same in all cases, whereas with the infection theory, pure and simple, it should occur earlier when a constant possibility of infection exists, as, for instance, in families where some member is a sufferer from the disease. Statistics show only an insignificant difference in such cases. The present tendency to magnify the infection factor at the expense of the formerly more generally accepted view of the importance of heredity in the spread of pulmonary tuberculosis is, we think, largely based on *a priori* grounds. When consumption was demonstrated to be due to microbic infection there seemed to be little need of invoking any other agency. Another thing favoring the change of view was the apparent better prognosis afforded, and further we may perhaps consider the advocacy of the infection theory as somewhat prompted by ideas of expediency as falling more readily in line with the active campaign against "the great white plague."

For a biometric authority like Professor Pearson to magnify the importance of heredity in tuberculosis is, however, significant and

should tend to modify some of the radical utterances that consumption is not and can not be, in any proper sense, hereditary. Another fact brought out by Professor Pearson is that, while the offspring of consumptives are not less fertile and in all probability are even more fertile than those of normal heredity the fact that consumption is pre-eminently a disease of youth and early middle life, lowers the marriage rate and the period of fecundity, and thus tends to lower the normal birth rate of a community.

Another fact shown by his figures is that constitutional tendencies and defects are more likely to be inherited by the first or second children in a family than by those later born. This has an important bearing on the question; if consumptives tend to die before raising large families, the children they do have are more likely to inherit the predisposition to their disease and the tendency of the stock to become extinct is enhanced. It also points to a disastrous effect of the Neo-Malthusian tendency to limit offspring, which President Roosevelt and others have so strongly deprecated.

Of course it does not follow that an inherited predisposition is an inevitable death sentence by a fatal disease, the infection of which is practically ubiquitous; it only emphasizes the need of hygienic living and the cultivation of resistance. These, whether carried out by means of correct environment or by direct stimulation of the bodily resisting powers, are the methods of fighting tuberculosis that most promise success, and they can be aided rather than discouraged by a correct appreciation of the importance of hereditary predisposition in this disease.—*Journal American Medical Association*.

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### Selections

**LAXATIVE AFTER LAPAROTOMY.**—Byford (*Surgery, Gynecology, and Obstetrics*, vol. v. No. 2) states that he gives laxatives after laparotomy as soon as the patient can take them, in order to restore through-and-through peristalsis, and continues them later as necessary in order to secure daily evacuation of the bowels. The plan which the author finds most satisfac-

tory is to give two drachms of cascara two hours before operation and an ounce of Hunyadi water every hour after the patient wakes from the anesthetic until the bowels move and flatus is passed freely. If there is no voluntary movement within twelve hours after the operation, a high enema of 3 ounces of glycerine and 3 ounces of water is administered every two or three hours according to emergency.

If Hunyadi is not well borne, a tablespoonful of granular effervescent citrate of magnesia or two ounces of the liquid citrate are given. Postoperative water famine is provided against by making free waterdrinking a part of the preparatory treatment. If flatus does not pass freely at the end of twenty-four hours, or if there is no evidence of active peristalsis, an ounce of spirit of turpentine is added to the enema. Neither bowel movements nor the expulsion of gas which result from enemata are taken as proof of through-and-through peristalsis, but the laxatives and enemas are continued until flatus passes freely between enemas. After this, 2 to 3 ounces of Hunyadi are given night and morning until it is no longer needed to create daily evacuations. If there is much postoperative pain an icebag should be applied to the abdomen and an enema containing about 30 grains of chloral given, which will usually alleviate the trouble without inhibiting peristalsis. Opiates are avoided.—*Therapeutic Gazette*.

**LIFE INSURANCE.**—Barr (*British Medical Journal*) states that every insurance company should have at least three classes of risks—good, average, and moderate or impaired lives. 1. The candidate for insurance in the first class should live in healthy surroundings: he should be physically fit for his work, and his occupation should not be inimical to health. From the list should be excluded stock brokers and other gamblers, and physicians. He should be almost, if not entirely, a total abstainer from alcohol, and not a glutton; overeating kills almost as many as overdrinking. He should not be over six feet in height nor under five feet four inches. He should be in good health and free from all disease and processes of disease.



Beware of the man who says he has never been ill a day in his life. Such diseases as measles, scarlet fever, etc., can be disregarded if they have left no sequelæ. So also with coryza and common colds. But repeated attacks of influenza, or a history of such diseases as quinsy, pneumonia, pleurisy, bronchitis, rheumatism, gout, all forms of tuberculous diseases, diseases of the kidney, liver, and spleen, bad teeth and intestinal disorders, developmental defects, and hernia should at once exclude applicants from the first class. The applicant should have been vaccinated against smallpox at least twice. 2. The second class would contain the vast majority of the persons who insure at present. All persons should be excluded who have a strong family history of insanity and other diseases of the nervous system, consumption, cancer, rheumatism, gout, and syphilis. Every person with syphilis should pay a high premium. 3. The third class would include the derelicts, and yet with care it should be a large and profitable one. Carefully selected cases of heart disease are excellent risk, but great care must be taken to draw a distinction between lesions following rheumatic fever and those of a degenerative nature. Certain diseases of the kidneys also run a very chronic course. Frequent attacks of quinsy or rheumatism should be rated high, even though no heart disease has supervened, but glycosuria in a person over forty years of age need not be a complete bar to insurance. Myxœdema being very amenable to treatment, may be accepted at a moderate rate, but exophthalmic goitre should pay a high premium. The following conditions should exclude from insurance except at prohibitive rates: Any acute illness with a high mortality until the danger is passed, all forms of active tuberculous mischief, malignant disease, diabetes in the young, Addison's disease, leucocythæmia, splenic anæmia, and lymphadenoma, insanity and all advanced diseases of the nervous system, advanced degenerative lesions of the heart and bloodvessels, all diseases of the lungs where the vital capacity is reduced below two thirds of the normal, chronic alcoholism, etc.—*N. Y. Med. Journal.*

OCCIPITAL POSTERIOR POSITIONS.—Michaelis (*New York Medical Journal*) finds 30 per cent. of occipitoposterior presentations in his last 100 cases. In addition to the commonly received causative factors, or in their absence, he finds incomplete flexion of the head to be the underlying causative element. Usually the diagnosis is easy, but occasionally the usual factors are unascertainable, so that we must look at the general behavior of the case. The man who makes a diagnosis of posterior presentation from early rupture of the membranes and slow dilatation will rarely go astray. Michaelis discusses the difficulties and dangers of this presentation, and in regard to treatment, says that our efforts are at first directed to rectifying the malposition, converting it if possible, by both postural and manual methods into an occipitoanterior position, which is frequently attained by having the patient lie on that side of the body toward which the occiput is directed. As she does this the fundus falls forward to the side and slightly upward, and the child's body consequently tends to be flexed on the head, and at the same time its back is thrown anteriorly, carrying the occiput with it, while the head, raised slightly out of the pelvis, can, and frequently does, impinge on the anteriorplane during subsequent uterine contractions, and rotation is thus promptly and satisfactorily effected. Or the patient may kneel on the floor with a pillow under her knees, which is placed a little distance from the bed on which she rests her head and arms, while at the same time she advances the side toward which the occiput points somewhat more than the opposite one. The position acts exactly as does the lateral one, except that as the angle at which she leans away from the perpendicular is increased, the fundus is thrown further forward, augmenting the tendency to anterior rotation. The drawback to this kneeling posture is its discomfort; yet even though it is very uncomfortable for the woman in pain to kneel at her bedside, it is decidedly preferable to the condition which it tends to obviate. The lateral posture is frequently a source of discomfort to the patients, and he therefore lets them alternate one with the other. The success of this

treatment is marked, and the desired result is attained in a large number of cases. In those in which it has failed he attempts manual rectification, provided the os is sufficiently dilated to permit the necessary manipulation, i. e., at least to the size of a quarter of a dollar. The first step is the attempt to flex the head and then to keep it flexed during several successive pains. If this does not cause anterior rotation, the next step is the effort to rotate the head manually. Two fingers are introduced, and, after the head is flexed, pressure in an anterior direction is made by them on the occiput with the object of bringing it to the front of the pelvis, while at the same time the other hand is used to assist rotation through the abdominal wall by pressing the trunk of the child upward and forward. "This is most often successful when the head is just at or above the brim; when it is firmly wedged in the pelvis it is hardly necessary to say that this procedure is futile, except in very exceptional instances, until the ischial spines are passed. At this point in the pelvis, however, rotation is more readily effected with the forceps than with the hand. The use of podalic version is indicated, in Michaelis' opinion, when the head is absolutely free above the brim, and in the presence either of early maternal exhaustion or of essential uterine atony, both exceptional occurrences. In other cases, the use of forceps is indicated. In cases of operative or instrumental interference, means for resuscitation of the child should be at hand.—*Journal American Medical Association.*

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#### SOME SIDE REMARKS.

The medical world is made up of three classes of physicians; leaders, trailers and tailenders. The leaders have their own way. They gather the choice fruits, flowers and fees. The trailers take everything that is left, while the tailender is busy keeping off the flies, bemoaning his fate and finding fault with everybody but himself.

If you are unmarried, and feel kindly toward the opposite sex, let me admonish you to have affection in your heart and perfection in your

character, and better have confection in your pocket, than infection in your system.

"Laugh and the world laughs with you." "He laughs best who laughs last." Be sure that the laugh is on your side, which it will be if you will only get a move on you and do something that is unusual and beneficent. Try it.

Don't join the knockers society. Don't worry. Don't fret. Worrying and fretting never bought anything, neither paid for something that was bought.

Don't argue with a patient about his ailment. It is better not to contradict. "Say nothing, but saw wood."

Don't run down another doctors business. If you can't say something good, say nothing.

Many of us have faults that in others would be sins.

Honesty will pay any doctor in the end—provided he is at the right end.

It is alright for any physician to have a way of his own, provided he keeps out of the way of others.

There are lots of upright doctors who failed to make a downright success.

Hear a doctor brag about himself. It is a sure sign that he is merely tolerated by others.

Good luck comes to the hustler, while bad luck comes to the fellow who whines and waits.

Usually the physician who is so good that he is sanctified, wishes the world to know that he is awfully sorry for his brethren who are not as good as he is. There is room for improvement in the goodness of such a one.

No doctor ever acquired a lasting brand of popularity, by everlastingly knocking his brother practitioner.

The path to medical success is paved with good intentions, but alas! It frequently leads to a hell on this earth.

It is frequently hard to please yourself and retain your popularity with many of your patrons.  
C. C. S.

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**LOCATION FOR SALE.**—Good location in town of 1000 population on the main line of railroad in Southern Arkansas. Good residence property and drug store can be bought for \$2000.00. Address, Journal of the Arkansas Medical Society.



## THERAPEUTIC NOTES.

LOBAR PNEUMONIA.—In lobar pneumonia with early symptoms of heart weakness, rapid, feeble pulse and increasing cyanosis, the following may be prescribed:

℞ Tincturea nucis vomicæ, m. vj;  
Tincturæ digitalis, m. v;  
Spiritus ether. sulph., m. xij;  
Spiritus ammon. aromat., m. xv;  
Inf. cinchon., ad 5j.

Misce. Ft. Mist. Two tablespoonfuls to be taken every six hours.—*London Practitioner*, January, 1908.

FOR INTRACTABLE VOMITING OF PREGNANCY.—M. Steffen (*Archives de med. et de Chir. Spec.*) recommends:

℞ Tinct. iodini. . . . . | 8 (gtt. xij)  
Aquæ destillatæ. . . 150 | (5v)  
or 5j of the water may be replaced by cherry laurel water.

M. S.: Tablespoonful every two hours in half a glass of sugar water.

Or the following may be given:

℞ Chloroformi. . . . . 60 | (5ij)  
Tinct. iodini. . . . . 6 | (5iss)

M. S.: Five drops morning and evening in a glass of seltzer water.—*Med. Review of Reviews*.

MOUTH WASH AND GARGLE.—Wadsworth recommends the following:

Sodii chloridi, dr. ii;  
Sodii bicarbonatis, gr. xl;  
Aq. dest., oz. viii;  
Glycerini, oz. iv;  
Thymol.,  
Mentholi, aa gr. iv;  
Ol. gaultheriæ, m xii;  
Ol. cinnamomi, m. viii;  
Ol. eucalypti, m. xx;  
Tinct. cudbear, dr. vi;  
Tinct. krameriæ, dr. ii.

M. fiat mist. Sig.—To be used as a mouth wash.

THE INFLUENCE OF ALCOHOL ON THE OPSONIC POWER OF THE BLOOD.—Dr. Chas. E. Stewart, Battle Creek, Mich., read a paper on this subject before the American Society of Alcohol and Drug Neuroses, Atlantic City, June 4, 1907. Printed in *Modern Medicine*, Novem-

As a result of his experiments he found that the use of port wine greatly lowered the opsonic power of the blood to the extent of 37 to 42 per cent. After the use of Peruna the loss was 36 to 88 per cent.

## DISTRICT AND COUNTY SOCIETIES.

MISSISSIPPI COUNTY.—The next meeting of the Mississippi County Medical Society will be held at Blytheville, September 17th.

PULASKI COUNTY.—On Friday evening, September 4, 1908, the Pulaski County Medical Society, in pursuance to a petition signed by the requisite number of members, was called to order by the president with twenty-two members present. After reading the purpose of the meeting, which was to discuss prohibition and such other subjects as might come up in connection with it, it was moved, since the society has never committed itself to any particular religious or political faith, and deeming it not expedient to do so now, that the resolutions be tabled indefinitely. This motion was seconded and carried without a dissenting vote.

A motion to adjourn was made, seconded and passed. J. G. WATKINS, Secretary.

## NEWS ITEMS.

## Personal.

Dr. J. P. Runyan has gone to Denver for a short visit. He will return for the opening of the College of Physicians and Surgeons of which he is Dean.

Governor Pindall has appointed Dr. Anderson Watkins a delegate to the International Congress on Tuberculosis.

Dr. W. P. Illing, of Little Rock, and Dr. E. Meek, of Argenta, have returned from their trip abroad.

Dr. J. P. Sheppard, Superintendent of the County Hospital, is able to resume professional duties after an illness of several weeks.

Dr. Robert L. Smith, of Russellville, who has been at St. Vincent's Infirmary for several weeks, suffering with an infection of the foot, is convalescing.

Dr. C. P. Meriwether has returned from his

European trip and reopened his office in the Southern Trust Building.

General.

Dr. George Dock, of the University of Michigan, has accepted the chair of the Theory and Practice of Medicine in the Medical Department of Tulane University, and will move to New Orleans.

The Medical Association of the Southwest, composed of the states of Arkansas, Kansas, Oklahoma, Missouri and Texas, will hold its third annual meeting in Kansas City, Mo., October 19-21, under the presidency of Dr. Thos. E. Holland of Hot Springs. Dr. F. B. Young, of Springdale, is chairman of the Section in Practice. Dr. F. H. Clark, of El Reno, Okla., is the secretary.

Dr. William A. Evans, a Mississippian, and well known to southern physicians, has been elected Professor of Sanitary Science in the Northwestern University Medical School, Chicago.

At a recent meeting of the British Medical Association, the Sheffield University conferred the degree of D. Sc., upon Dr. John B. Murphy, of Chicago.

#### THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The International Congress on Tuberculosis, which meets in Washington from September 21st to October 12th, will mark an epoch in the anti-tuberculosis movement in this country. This Congress meets triennially and has never been held in the United States before, and it is not probable that it will convene again in this country for many years. The section meetings will take place during the week beginning September 28th but the exhibitions will be open during the entire time. Clinics and demonstrations will be held in connection with the exhibition, and a series of public lectures has been arranged to be given in Washington, Baltimore, Philadelphia, New York and Boston. The most eminent authorities on the tuberculosis problem in our land and from other countries will take part in the discussions. Official delegates will be present from nearly all the civilized countries.

The transactions of this Congress will be published in four large volumes. These are free to all members of the Congress who have paid their membership fee of \$5.00. The price of the transactions will be doubled after the Congress adjourns. The exhibition and section meetings will be housed in the new National Museum, adjoining the Smithsonian Buildings. The use of this building was authorized by a special act of Congress.

Active membership in this Congress may be obtained by addressing the Secretary-General, 714 Colorado Building, Washington, D. C., and paying a fee of \$5.00. Besides the privileges of membership, active members receive the full set of published transactions without extra charge.

All the trunk line associations of the East have announced the sale of railroad tickets at the rate of one fare and three-fifths for the round trip. Visitors arriving in Washington will find in Union Station a bureau of information for the convenience of all those who may attend the Congress.

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#### COMMITTEE ON ADVERTISEMENTS.

In conformity with a resolution adopted by the House of Delegates at the last session of the State Society, President Clegg has appointed Dr. C. E. Witt, Chairman, Little Rock; Dr. W. B. Ellis, Helena, and Dr. T. F. Kitrell, Texarkana, a committee to confer with the Arkansas Press Association concerning the restriction of certain advertisements in the lay press.

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#### NEW MEMBERS OF THE A. M. A. FROM ARKANSAS.

Harkins, R. A., Ratcliff, Logan County.  
Thompson, C. E., Ben Lomond, Sevier County.  
Wadnely, L. D., Wesson, Union County.

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#### DEATHS.

Dr. J. W. Parrish, one of the most prominent members of the medical fraternity of Hot Springs, died in that city on the afternoon of August 15th.

Dr. M. S. Moore, formerly of Warren, died at Hot Springs, August 15th.



## CHANGE OF LOCATION.

T. F. Alford, M. D., from Bingen to Murrensboro.

## BOOK REVIEWS.

**Medical Gynecology**—By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post Graduate Medical School and Hospital. Octavo of 675 pages, with 135 original illustrations. Philadelphia and London: W. F. Saunders Company, 1908. Cloth, \$5.00 net; half morocco, \$6.50 net.

We have reviewed with considerable interest and profit this work written for the practitioner and from the standpoint of the non-operative side of gynecology. The teaching is modern, clear and sane, and can be safely followed. The gynecologic examination and the methods employed in medical treatment of gynecic diseases are treated of in the first one hundred pages, and include a description of such modern methods and agencies as artificial hyperemia, vaginal and abdominal massage, hydrotherapy, with particular reference to the Nauheim bath, and electricity. A very clear description is given of the method of introducing a pessary. The pessary is not condemned, but is believed to have some value in certain selected cases.

In the chapter on "Associated Nervous Conditions." the following subjects are discussed: nervous and cardiac symptoms at puberty; hysteria; neurasthenia; reflex neuroses; the climacterium; the hygiene of puberty and the treatment of nervous diseases. The chapter on constipation, written by Dr. George B. Mannheimer, is one of the most lucid with which we are acquainted, and the method described has been long adopted by Bandler. As would be expected in a work of this character, the venereal diseases and their complications are treated of *in extenso*. The very important subjects as abortion, sterility, ectopic gestation, endometritis, inflammation of the Fallopian tubes and diseases of the ovary, are discussed in a practical manner and the treatment outlined in detail. Where the subject admits, illustrations are introduced, all of which are excellent. The work is valuable and to be highly commended, for it is one of the best presentations of "Medical Gynecology."

## BOOKS RECEIVED.

**Progressive Medicine, Vol. III, September, 1908.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 285 pages, with 30 engravings. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea & Febiger, Publishers, Philadelphia and New York.

**A Text-book of Physiology.** For Students and Practitioners. By George V. N. Dearborn, A. M., (Harvard), Ph. D., M. D. (Columbia), Professor of Physiology in Tufts College, Medical and Dental Schools, Boston. Octavo, 550 pages, with 300 engravings and 8 colored plates. Cloth, \$3.75 net. Lea & Febiger, Publishers, Philadelphia and New York.

**THE SAMUEL D. GROSS PRIZE.**—The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1. 1910.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanied the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee will reserve the right to make no award if the essays submitted are not considered worthy of the prize.

**THE EDWARDS N. GIBBS MEMORIAL PRIZE.**—The New York Academy of Medicine announces that the sum of \$1,000 will be awarded to the successful author in competition of the best essay on the subject, "The Etiology, Pathology and Treatment of the Diseases of the Kidneys." Essays must be presented on or before October 1, 1909, written in English.

The three subjects mentioned in the title above given, need not be treated with uniform fullness, but new discovery or fruitful research will be considered the standard of merit.

Each essay must be in English, typewritten, designated by a motto, or device, and accompanied by a sealed envelope, bearing the same motto, or device, which shall contain the name and address of the author.

No envelope will be opened except that which accompanied the successful essay.

The Academy reserves the right, according to the direction of the donors, not to award the prize if no essay shall be deemed worthy of it.

The Academy will return the unsuccessful essays, if claimed by their respective authors, or by authorized agents within six months.

An essay must show ORIGINALITY in order to obtain the prize.

The competition is open to the members of the regular medical profession of the United States.

The following extract is taken from an address delivered by Dr. Henry Hartzog at the commencement exercises of the University of Arkansas:

"I have never been able to understand why it is that the great State of Arkansas, so generous in many lines of education, has never done anything for the advancement of medicine. We spend money to educate farmers, school teachers, electricians and engineers; but never a dollar has been given by the legislature for the promotion of medicine. Congress has spent millions to eradicate cholera among stock and to keep out the boll weevil and other parasites; but has done very little if anything to save the millions of American people who go down to death annually. During the next twelve months 1,500,000 people must die. Four million two hundred thousand will be constantly sick. Of the people now living 8,000,000 will die of tuberculosis; another 8,000,000 of pneumonia. If it be wise economy to spend money for the eradication of hog cholera and diseases of cattle, it would be far more competent to spend money to save human beings.

The Medical Department of the University of Arkansas, without any aid from the legislature, and with but very little help through private philanthropy, has struggled along so nobly that now it stands in a strong position, and our whole state has been enriched in culture and medical knowledge by the graduates that have gone out from this institution. Such an institution deserves our hearty and liberal support, and the philanthropist who endows it will be in deed and in truth the genuine Samaritan of the Twentieth Century."

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**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F.V. KNIEST, Omaha, Neb. Easy Terms.

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**FOR SALE.**—\$150.00 cash gets Static Machine and X-Ray Attachments. Worth \$400.00. Address, 110 Louisiana, St. Little Rock, Ark.



## OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1908-1909

### NEXT ANNUAL SESSION, ATLANTIC CITY, N. J.

**President**—Herbert L. Burrell, Boston, Mass.  
**President-Elect**—William C. Gorgas, Ancon, Panama.  
**First Vice-President**—T. J. Murray, Butte, Mont.  
**Second Vice-President**—J. A. Hatchett, El Reno, Okla.  
**Third Vice-President**—T. A. Woodruff, Chicago, Ill.  
**Fourth Vice-President**—E. N. Hall, Woodburn, Ky.  
**General Secretary**—George H. Simmons, Chicago, Ill.  
**Treasurer**—Frank Billings, Chicago, Ill.  
**Board of Trustees**—William H. Welch, Chairman, Baltimore, 1909; Miles F. Porter, Ft. Wayne, Ind., 1909; M. L. Harris, Secretary, Chicago, 1909; T. J. Happel, Trenton, Tenn., 1910; W. W. Grant, Vice-Chairman, Denver, Colo., 1910; Philip Marvel, Atlantic City, N. J., 1910; Wisner R. Townsend, New York, 1911; Philip Mills Jones, San Francisco, 1911; W. T. Sarles, Sparta, Wis., 1911.  
**Judicial Council**—C. E. Cantrell, Chairman, Greenville, Texas; J. F. Percy, Galesburg, Ill.; George Dock, Ann Arbor, Mich.; H. L. Alkire, Topeka, Kans.; Chas. J. Kipp, Newark, N. J.

**Council on Medical Education**—Arthur D. Bevan, Chairman, Chicago, 1909; W. T. Councilman, Boston, 1910; James W. Holland, Philadelphia, 1912; Victor C. Vaughan, Ann Arbor, Mich., 1913; J. A. Witherspoon, Nashville, Tenn., 1911.

**Council on Pharmacy and Chemistry**—C. S. N. Hallberg, Chicago, 1909; L. F. Kebler, Washington, D. C., 1909; J. O. Schlotterbeck, Ann Arbor, Mich., 1909; F. G. Novy, Ann Arbor, Mich., 1910; George H. Simmons, Chairman, Chicago, 1910; H. W. Wiley, Washington, D. C., 1910; Otto Folin, Boston, Mass., 1911; Torald Sollmann, Cleveland, 1911; M. I. Wilbert, Philadelphia, 1911; Reid Hunt, Washington, D. C., 1912; J. H. Long, Chicago, 1912; Julius Stieglitz, Chicago, 1912; J. A. Capps, Chicago, 1913; David L. Edsall, Philadelphia, 1913; R. A. Hatcher, New York City, 1913; W. A. Puckner, Secretary, Chicago.

**Committee on Medical Legislation**—Chas. A. L. Reed, Chairman, Cincinnati, 1909; Charles Harrington, Boston, 1911; C. S. Bacon, Chicago, 1910.

## OFFICERS OF THE ARKANSAS MEDICAL SOCIETY, 1908-1909

### Next Annual Meeting, Pine Bluff, May, 1909.

**President**—Joseph T. Clegg, Siloam Springs.  
**First Vice-President**—E. K. Williams, Arkadelphia.  
**Second Vice-President**—L. H. Hall, Pocahontas.  
**Third Vice-President**—B. D. Luck, Pine Bluff.  
**Treasurer**—J. W. Scales, Pine Bluff.  
**Secretary**—Morgan Smith, Little Rock.

### COUNCILORS.

**First District**—W. E. Hughes, Walnut Ridge.  
**Second District**—H. O. Walker, Newport.  
**Third District**—W. H. Deadrick, Marianna.  
**Fourth District**—William Breathwit, Pine Bluff.  
**Fifth District**—J. T. Henry, Eagle Mills.  
**Sixth District**—J. H. Weaver, Hope.  
**Seventh District**—J. C. Wallace, Arkadelphia.  
**Eighth District**—C. P. Meriwether, Little Rock.  
**Ninth District**—Sam G. Daniels, Marshall.  
**Tenth District**—F. B. Young, Springdale.

### DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

C. C. Stephenson, Little Rock.

#### Alternate.

G. A. Warren, Black Rock.

### OFFICERS OF SECTIONS.

**Medicine**—Dr. H. H. Niehuss, Chairman, Wesson; Dr. Olive Wilson, Secretary, Paragould.

**Surgery**—Dr. A. E. Sweatland, chairman, Little Rock; Dr. B. F. Kirby, Secretary, Harrison.

**Obstetrics and Gynecology**—Dr. C. S. Pettus, Chairman, El Dorado; Dr. W. F. Smith, Secretary, Clarksville.

**Pathology**—Dr. O. K. Judd, Chairman, Little Rock; Secretary (not elected).

**State Medicine and Public Hygiene**—Dr. G. M. D. Cantrell, Chairman, Little Rock; Dr. M. Fink, Secretary, Helena.

**Diseases of Children**—Dr. J. R. Lynn, Chairman, Hazen; Dr. J. Tipton, Secretary, Mountain Home.

**Dermatology and Syphilology**—Dr. L. R. Ellis, Chairman, Hot Springs; Dr. John S. Wood, Secretary, Hot Springs.

### COUNCILOR DISTRICTS AND COUNCILORS

1908-9

**First Councilor District**—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor: J. E. Hughes, Walnut Ridge. Term of office expires 1909.

**Second Councilor District**—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor: H. O. Walker, Newport. Term of office expires 1910.

**Third Councilor District**—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor: W. H. Deadrick, Marianna. Term of office expires 1909.

**Fourth Councilor District**—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor: William Breathwit, Pine Bluff. Term of office expires 1910.

**Fifth Councilor District**—Calhoun, Columbia, Dallas, Lafayette, Ouachita, and Union counties. Councilor: J. T. Henry, Eagle Mills. Term of office expires 1909.

**Sixth Councilor District**—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor: J. H. Weaver, Hope. Term of office expires 1910.

**Seventh Councilor District**—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant counties. Councilor: J. C. Wallis, Arkadelphia. Term of office expires 1909.

**Eighth Councilor District**—Conway, Johnston, Faulkner, Perry, Pulaski and Yell counties. Councilor: C. P. Meriwether, Little Rock. Term of office expires 1910.

**Ninth Councilor District**—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor: Sam G. Daniels, Marshall. Term of office expires 1909.

**Tenth Councilor District**—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington counties. Councilor: F. B. Young, Springdale. Term of office expires 1910.

#### COMMITTEES 1908-1909.

**Board of Visitors to the University of Arkansas, Medical Department, and the College of Physicians and Surgeons**—F. W. Jelks, Hot Springs; L. Kirby, Harrison; H. C. Stinson, Little Rock; G. W. Hudson, Camden; B. D. Luck, Pine Bluff.

**Committee on State Legislation and Public Policy**—St. Cloud Cooper, Fort Smith; G. S. Brown, Conway; J. T. Henry, Eagle Mills.

**Committee on Scientific Work**—S. S. Stewart, M. D., Little Rock; W. A. Snodgrass, M. D., Little Rock; Morgan Smith, M. D., Little Rock.

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Sixth District—Vernon MacCammon, M. D., Arkansas City.

Seventh District—J. C. Wallis, Arkadelphia.

## OFFICERS OF COMPONENT SOCIETIES

| County Society.          | President              | Address              | Secretary             | Address              | Members. |
|--------------------------|------------------------|----------------------|-----------------------|----------------------|----------|
| Arkansas.....            | C. W. Rascoe.....      | DeWitt.....          | W. W. Lowe.....       | Gillett.....         | 9        |
| Ashley.....              | J. W. Simpson.....     | Hamburg.....         | E. M. Scott.....      | Hamburg.....         | 15       |
| Baxter.....              | J. A. Hipp.....        | Buford.....          | J. J. Morrow.....     | Cotter.....          | 6        |
| Benton.....              | J. L. Clemmer.....     | Springtown.....      | J. H. Beard.....      | Gentry.....          | 26       |
| Boone.....               | Schwartz Baines.....   | Bergman.....         | L. Kirby.....         | Harrison.....        | 16       |
| Bradley.....             | W. F. Fike.....        | Warren.....          | W. E. Wommack.....    | Hermitage.....       | 13       |
| Calhoun.....             | D. F. Wilson.....      | Hampton.....         | T. E. Rhine.....      | Thornton.....        | 4        |
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### *Original Articles*

#### INTESTINAL OBSTRUCTION: REPORT OF FIVE CASES.\*

By W. A. Snodgrass, M. D., Little Rock.

##### DEFINITION.

Intestinal obstruction, ileus or entro-stenosis is a condition in which the passage of feces is mechanically impeded or prevented; it may be either partial or complete. Acute obstruction is due to a sudden narrowing or occlusion of the lumen of a portion of an intestine; chronic obstruction is due to a gradual narrowing of the lumen and may become acute. If obstruction of the circulation in the wall of the bowel occurs the condition becomes one of strangulation.

##### CLASSIFICATION.

Intestinal obstructions are classified as follows:

1st. Strangulation by bands and appertures in the omentum or abdominal wall, the commonest form, is due to peritoneal adhesions, but the band may come from the omentum. Obstruction may be caused by Meckel's diverticulum, a structure due to the persistence of the vitelline duct, and coming off from the ileum from twelve to thirty-six inches above the ileo-cecal valve. The vitelline duct should be obliterated in the eighth week of foetal life. The diverticulum has no mesentery, is from three to ten inches long and arises from the convex side of the gut. It may hang free or be attached to the umbilicus by its tip or by a fibrous cord formed by its obliterated tip. In some cases it remains open at the umbilicus, in other cases a cord runs from the umbilicus to the gut, or the tip of the diverticulum is adhered to some other portion of the gut. The diverticulum may become strangulated, enter a hernial sac, ulcerate and perforate like an appendix. Strangulation of the diverticulum may take

place beneath an adherent appendix, a Fallopian tube, a portion of mesentery or the pedicle of an ovarian tumor; or it may become strangulated by bands of adhesions or appertures, this form of obstruction being identical with hernia except in the absence of an external protrusion.

2nd. Volvulus, or twisting of the intestine, may occur about the mesenteric axis, in the axis of the bowel itself, or two intestinal coils may become twisted together, Volvulus is most common in the sigmoid flexure, and it may occur in a hernial sac.

3rd. Intussusception is the invagination of a portion of a bowel wall into the lumen of an adjacent part (telescoping of the bowel). Nearly all the cases of intestinal obstruction occurring in children are due to intussusception. I have during the past twelve months found three cases of perfect intussusception at autopsies held on adults that were not diagnosed as such before death. Two of these were in the small intestine and one was in the transverse colon, and no doubt caused the death of my patient, a negro woman 42 years of age from whom I had removed a fibroid tumor ten days before. One of the other cases I have no history of except that tuberculosis was assigned as the cause of her death, the occlusion in the intestine being complete. The third case was a female aged 32, a morphine habituate who died from sepsis due to a nephritic abscess. There was a complete telescoping of the small intestine four feet above the ilio-cecal valve with incomplete occlusion of the bowel from adhesions. A general lack of evidence of recent inflammation suggested that it must have occurred in childhood or a long time previous to her death.

4th. Stricture of the intestine by cancer or cicatrices.

5th. Obstruction by tumors of the bowel; foreign bodies which have been swallowed; enteroliths or large gall stones.

6th. Obstruction by tumors, etc., outside of the bowel. Among the causes are retroverted, retroflexed uterus, tumors of the ovary or kidneys, floating kidney and enlarged spleen.

7th. Obstruction from fecal accumulations due

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\*Read in the Section on Surgery at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

to a paralysis of the bowel and absence of peristaltic contractions.

8th. Post-operative paresis and peritonitis.

#### SYMPTOMS.

Symptoms of acute obstruction of the bowel are severe pain coming on suddenly, varying in intensity but at no time entirely absent. The greatest pain is usually referred to the umbilicus. There is at first shock from which the patient reacts after a short time. Obstipation soon becomes absolute, not even intestinal gas being passed. Vomiting sets in early; first the contents of the stomach are ejected, then bile, later the vomitus becomes stercoraceous. The abdomen becomes swollen and tender. After reaction from the primary shock there is some fever ranging from 99° to 101°. In an unrelieved case collapse soon occurs and the temperature becomes sub-normal, the pulse weak and rapid, the facial expression Hippocratic, the amount of urine passed very small. If the obstruction occurs in the upper third of the ileum, true fecal vomiting cannot occur. If the obstruction is high up in the small intestine, tympanites does not occur. Intestinal peristalsis may be detected in the intestine above the obstruction. The tongue is dry and the mind remains clear. The pain is greatly increased on taking water or food into the stomach. Total absence of gas from the bowels is perhaps the strongest point in making a diagnosis. Distention of the entire abdomen and flanks indicates that the obstruction is low in the ileum or colon. If the greatest distention is high up and the urine becomes scant or absent early, the obstruction is high up in the bowel near the jejunum. Palpation or percussion will cause pain from the seat of obstruction or cause pain to radiate from the point of obstruction toward the umbilicus. Digital examination by the rectum or vagina may enable one to locate the obstruction. Patients presenting these symptoms, if not relieved, die within from seven to ten days.

#### TREATMENT.

Wash out the stomach, withhold all food, drink no medicine by the mouth, wrap the patient in hot blankets, or apply artificial heat if shock is present; wash the colon out with a large enema of soap-suds given while the patient is in the knee-chest position. When reaction is fairly established give an enema composed of epsom salts, one ounce; spirits of turpentine, one ounce; warm water, four pints, thrown high up the colon with a rectal tube. Care should be taken not to introduce any air into the bowel when giving injection to patients suspected of having intestinal obstruction lest it be returned with the fluid and mislead you about gas being expelled from the bowels. If this fails other enemas such as

glycerine given pure with a piston syringe and catheter may be tried. Eserine given hypodermically in 1-50 grain doses repeated every hour until the fourth dose has been given, has met with favor. If relief has not been obtained in twelve hours an operation should be done.

#### OPERATION.

Open the abdomen through a large median incision if a distinct tumor has not been found; if a tumor is present, make the incision over the tumor, take up the first presenting loop of intestine and have an assistant hold it with a piece of gauze, trace the bowel as rapidly as possible, with due gentleness, first in one direction then in the other from the point held by the assistant until the obstruction is found and relieved, or the bowel resected if necessary. The bowel should be protected as much as possible during the manipulations by towels wrung from hot sterile water, and great care should be exercised in pulling loops of intestine from abdominal cavity. When the bowel is very much distended a small transverse cut into the lumen should be made to allow the gas and intestinal fluids to escape before searching for the obstruction. This should be closed before losing sight of the opening.

#### REPORT OF CASES.

I will report five cases which gives one of each of the types usually met with in adults.

Case No. 1: Mrs. W., white, age 33, mother of one child aged 3, gave history of having had child-bed fever after this, her only confinement. After receiving a fall the distance of five feet, landing on her shoulder and back, she complained of a severe pain in the abdomen radiating from the umbilicus. She was put to bed and her family physician was called. He gave 1-4 grain of morphine to relieve the pain, the next day the pain was still present, although not so severe. Calomel was administered to be followed by a large dose of epsom salts in six hours if the bowels did not move. Her bowels did not move and the salts were given, in two hours after which vomiting began. Various enemas were then given with no through action from the bowels, salts and other purgatives, including several doses of castor oil, and finally a pint of olive oil. Four days after the fall I saw the patient in consultation, the abdomen was distended, pulse 130, temperature 97.2°, and practically free from pain. An immediate operation was decided upon. She was removed to the hospital and the operation was done at 1 o'clock a. m. A band from the left Fallopian tube to the abdominal wall was found to be constricting a loop of the small intestine, there being a great deal of exudate and many new adhesions. I dissected off the band and relieved the constriction, forcing the accumulated



intestinal contents through the constricted bowel and closing the abdomen with drainage. The patient was put to bed in fair condition considering the case. Six pints of normal salt solution was put into the rectum and held for several minutes, the bowels moved copiously when the solution returned. The patient did not rally well from the anesthetic. On the third day her abdomen became distended again and she died on the fourth day. If I had opened the gut in the first place and made a fecal fistula I believe the result would have been different.

Case No. 2: John A., colored, male, age 36, farmer, called at my office with a swollen abdomen and suffering great pain. His bowels had not moved for five days; he stated that his bowels never moved unless he took salts or pills. On examination I found a large mass over the head of the cecum which I took to be an appendiceal abscess. His temperature was 102° at the time. I advised an immediate operation, and he was sent to the hospital and operated on two hours later. On opening the abdomen I found the cecum to be a large myomatous tumor, the lumen of the bowel being encroached on until the obstruction was complete. The growth involved the ascending colon for a distance of eight inches; the appendix and small intestine were not involved. His condition was bad and he was not taking the anesthetic well so I abandoned the idea of removing the cecum. I traced the small intestine back from the ileo-cecal valve for about twelve inches, and near the hepatic flexure of the colon I made a lateral anastomosis, with a large opening, fully three inches. His recovery was uneventful, his bowels moved freely, he gained flesh and made a crop of cotton the next year. Eighteen months after the operation he presented himself again with obstruction of the bowels. I advised another operation but he declined to be operated on at that time. He called on another professional gentleman who agreed to cure him without an operation. He died eight days later. A post mortem examination showed that the growth had extended up the ascending colon, closing the opening that I had made eighteen months before, and that the bowels were gangrenous and had ruptured into the peritoneal cavity.

Case No. 3: E. G., a telegraph operator, was taken ill with a recurrent attack of appendicitis. His family physician was called, ordered epsom salts to be repeated until his bowels moved, and hot application to the abdomen for the pain. Several doses were taken without a bowel movement. During Thursday, Friday, Saturday and Sunday he vomited a great deal, and to relieve the pain morphine was administered and several enemas, including one-half gallon of coal oil, were given. I saw him Sunday night at 11 o'clock

and decided that it was a case of peritonitis following suppuration of the appendix. He was put on a cot and placed on a baggage car, arriving at the hospital several hours later. I operated at 6 o'clock Monday morning, and found that the appendix had sloughed off and was bound to the cecum and small intestines, the latter being so firmly bound down at this point that the obstruction was complete, and the bowel above distended very much and of a wine color. I took out the fragments of appendix. I found the stump rather sound and removed it in the usual way, inverting it. I cut a transverse opening in the small intestine and stitched it to the abdominal opening in the lower angle, cleaned out the abdominal cavity with gauze pledgets, and put in a cofferdam drain, leaving orders that the dressing be kept wet with warm sterile water. Stimulants hypodermically and morphine for pain were given as necessary. The patient was given nourishment by the rectum every four hours for three days, consisting of extract of beef, albumen water and normal salt solution. He rallied from the operation nicely, the drainage was removed on the seventh day. He left the hospital on the twenty-fourth day, the wound and fecal fistula had healed perfectly. He has remained well up to the present time.

Case No. 4: Mrs. M., white, aged 46, had undergone an operation by a prominent surgeon in another state twelve years before for what he said was a small fibroid. The arteries to the uterus were ligated to starve the growth, one ovary was removed, and the abdomen closed without drainage. The incision healed nicely. Ever since the operation she has had some difficulty getting her bowels to act and suffered pain after eating from distention in the abdomen. Four days before I saw her she was attacked with a violent pain in her abdomen and commenced vomiting almost immediately. Calomel was administered, but the next day as the vomiting and pain continued, her family physician was called. He diagnosed the case as one of acute gastritis, gave morphine hypodermatically and washed out the stomach which gave relief for a few hours. The next day the pain became worse and he was called again. At this time finding some distention of the abdomen near the umbilicus, the patient being very fat, the diagnosis was made more obscure. He gave salines, oil and other remedies calculated to move the bowels, and a great many enemas of various kinds were tried with no results. I was called on the fourth day and found the patient with a sub-normal temperature, pulse 110°, suffering very little pain unless disturbed. The abdomen was slightly distended, but not so much as on the previous day. I was told the patient had vomited some stercoraceous

matter that morning, nothing having passed from the bowel but the fluids introduced per rectum. An immediate operation was done, as quickly as I could get a room prepared in her home. A long median incision was made below the umbilicus. The first thing when the old incision was gone through I found a loop of the ileum firmly bound to the abdominal muscle, the muscular wall of the intestine firmly and intimately grown to the muscles of the abdominal wall, the adhered surface being as large as a twenty-five cent piece. A loop of bowel had fallen over this adhesion very much like a string over a forked stick. I opened the bowel over the site of the adhesion and clamped it preparatory to doing a resection, as that portion of the bowel was gangrenous. I pulled up about five feet of the bowels and found it wouldn't hold a stitch, so bad was the condition. Her condition became so alarming that I was compelled to abandon the case. She died a few minutes later.

Case No. 5: A. T., white, female, was operated on by me for suppurative appendicitis. A small rubber drainage tube was left in but was removed on the fourth day, and as she seemed to be doing nicely, the special nurse was dismissed and she was left in the care of her sister and young daughter, 9 years old. We had kept her on a restricted diet, but on the fifth day she had her daughter bring in some large tomatoes, several of which she ate. As she was in great pain the next morning I was called at 5 o'clock to see her. I was told of the indiscretion in her diet, immediately washed out the stomach and gave an enema, but she got no relief. After two hours I gave morphine 1-4 grain hypermatically for the pain, and ordered hot applications to her abdomen. When I called in the afternoon and found her bowels distended with no passage from them, I gave an enema of pure glycerine high up the colon. It brought about great expulsive efforts, but, getting no results from this, I ordered eserine in 1-100 of a grain dose given hypodermatically every three hours during the night. The next morning I could see no improvement in her condition, no gas having been expelled from the bowels. I decided it must be a case of post-operative paresis and determined to open the abdomen and make a fecal fistula, relieve the distention and find the cause of the obstruction. The old incision was opened, after a few whiffs of ether, and the bowel was opened and squeezed out, a large quantity of tomato peelings and seed being recovered. The opening in the bowel was fastened to the lower angle of the incision and sutured to the peritoneum, it in turn being sewed to the abdominal muscles. Her recovery was uneventful. After two months, finding the fistula had not closed, I had her go to the hospital where

facilities were more favorable for caring for her. I resected six inches of the gut, and closed the wound without drainage. She left the hospital in three weeks and has remained well since, more than eight months.

The successful treatment of obstruction of the bowels depends entirely on an early diagnosis and surgical interference. Many valuable lives are lost by giving remedies by the mouth and increasing the tension in an already weakened and inflamed bowel.

#### DISCUSSION.

Dr. M. G. Thompson, of Hot Springs, recalled many cases of ileus that had come under his observation in which the exact seat of the obstruction could not be determined. In such cases, he never overlooks the appendix as a factor in the production of the condition, and always explores the right iliac fossa.

Dr. Vance, of Harrison, called attention to rigidity of the abdominal muscles as a cardinal symptom, which had been present in the cases he had observed.

Dr. St. Cloud Cooper, of Fort Smith, said that in intestinal obstruction make a diagnosis early, give no purgatives and operate promptly.

Dr. Phillips, of Malvern, related the case of acute obstruction in an infant one month old which was relieved by giving a forced enema with the baby in the inverted position.

Dr. Clegg, of Siloam Springs. I regret that I did not hear the paper, but I infer from the discussion that the subject is one of intestinal obstruction. That being the case, I want to report a case that occurred in my practice last winter. The woman was 52 years old, and called me about 9 o'clock in the evening; she was suffering intensely with pain in the abdomen, and was making an attempt to vomit when I arrived. She said she had never vomited in her life. It occurred to me that she had intestinal obstruction. At that time of night I gave her a little over a quarter of a grain of morphine hypodermically which made her feel comfortable, as far as pain was concerned, until 5 o'clock the next morning, at which time I was called again. Believing she had intestinal obstruction, I gave her a very simple opiate, 1-4 gr. of codein, and in the course of half an hour or such matter repeated the dose, and did not see her any more for three or four hours. When I saw her later she wasn't any better. In fact, her circulation was beginning to weaken. I had the attendant to give her an enema of plain warm water which, producing no results, I gave her a high rectal enema, and she died in about thirty minutes later.

That was the earliest death from intestinal obstruction I have ever seen, and in reviewing the literature on the subject, I could find no record



of as early a case of death from intestinal obstruction as this one. An autopsy revealed an intestinal obstruction about thirty inches below the pyloric orifice due to volvulus.

Dr. Dickson, of Paragould.. Was there perforation?

Dr. Clegg: No.

Dr. W. V. Laws, of Hot Springs: Unfortunately I did not get to hear the paper, but I wish to make one point, which I consider of great importance, as I have had some sad experiences in the treatment of intestinal obstruction, having lost a number of cases before I came to realize this point. I would suggest that in the treatment of those cases that come to us *in extremis*, where there is no doubt about the diagnosis, the best thing to do is not to look for the cause of the obstruction all the time, but simply to make a small opening and form a fecal fistula and relieve the tension at once. You can then afford to wait until the patient gets in better condition before searching for the cause and attempting to remove it. This is a point that I feel I have learned from sad experience, and I want to give it to the profession and emphasize its importance.

Dr. Snodgrass: I do not know whether Dr. Thompson remembered all of the points made in the paper or not; perhaps he did not hear them all. We have intestinal obstruction from appendicitis; it is true.

With reference to the rigidity of the abdomen, this rigidity is present until the patient collapses after the primary shock. After that time it is almost absent.

With reference to Dr. Phillips' case, I would not be surprised but that he had one of intussusception. It occurs more frequently in children. Perhaps he relieved the intussusception by inflating the bowel. The treatment for that was not alluded to, because I did not want to take up the subject. This is an entirely different subject, and so classified by text writers who write on these diseases. I would like to have the privilege of observing that child for a number of years to see if it ever shows any symptoms of malnutrition. In the three post-mortem cases that I reported, showing intussusception in the earlier periods of the patient's life, it demonstrates very clearly that they are likely to be accused of having some other disease foreign to the one that is producing the patient's death.

Dr. Clegg's report of shock, I, practically answered in the other.

I think Dr. Law's point is well taken. Perhaps if I had carried into practice his advice that I have received today in this last case that died practically on the operating table, I might have saved the woman's life. I did not know how

high this lesion was in the bowel. If it had been high up, of course she would have died from malnutrition from the fistula necessarily being high up in the small intestine. I did not make an exploration to see in what part of the field it was. If I had made an incision and let it drain out completely, perhaps she would have rallied from the shock and I would have saved her life.

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#### A CASE OF ABDOMINAL ECTOPIC PREGNANCY OF SEVENTEEN MONTHS DURATION.\*

By R. C. Dorr, M. D., Batesville.

Mrs. F., of Cleburne county, was brought to us for operation on June 9, 1907, and gave the following history:

No hereditary predisposition, age 23 years; one child 3 years old. She began menstruating at the age of 14 years. The date of the last menstruation was on the last of January, or first of February, 1906.

She thought she was pregnant, but when she was not confined at the end of the ninth month she became insane brooding over her condition. Owing to her mental condition she would not allow us to make a proper examination of her. We gave her one week's preliminary treatment and on June 16, 1907, gave her an anaesthetic and examined her. We were unable to make a positive diagnosis, but suspicious she had an ectopic pregnancy. We proceeded to operate. We found a large abdominal tumor, which was hulled out *en masse* without opening the sac. It was adhered to the great omentum, abdominal walls, and intestines. The placenta was attached to the sigmoid flexure, descending colon, and broad ligament on the left side. Tubes and ovaries on both sides were in a normal condition. The sac was hard and nearly one-fourth of an inch thick. The placenta had undergone calcareous degeneration. There were extensive raw surfaces. We used four tubes of cat-gut, besides yards of linen suture to cover these raw surfaces.

We stitched her up without drainage. She had aseptic traumatic fever. Her temperature was normal on the third day, she menstruated on the fourth day and sat up on the ninth day. Some of the stitches were taken out on the ninth day, and the remaining ones on the eleventh day. On the seventeenth day she got in a buggy and drove fifteen miles over the mountains to her home.

The fetus weighed about five pounds, and the hair on its head had begun to slip off. This operation was performed under aseptic pre-

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\*Read in the Section on Obstetrics and Gynecology at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

cautions. We were one hour and fifty minutes doing it. Most of the time was spent in covering the raw surfaces.

I last heard from the patient April 7, 1908. She was physically well and her mental condition very much improved.

Dr. J. W. Case gave the anaesthetic, Dr. J. H. Kennerly, my partner, and Miss Robins, my nurse, assisted me.

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#### REPORT OF A CASE OF ABDOMINAL PREGNANCY.\*

By A. G. Dickson, M. D., Paragould.

Mrs. Maggie D. was brought to the Paragould Sanitarium September 12, 1907, from whom I obtained the following history: Age 26 years, always enjoyed good health. She gave no history of previous pelvic disease, and had never aborted nor been pregnant prior to the beginning of her present illness. Her menstruation had always been normal and regular until October 5, 1906, this being the time for her regular menstruation, which did not appear, but came on three weeks later, October 26, instead of October 5. From this time on for the subsequent eleven months, she claims to have menstruated every six or seven weeks. About the fifth month from the date of her first delayed menstruation, she began to distinctly feel the movements of something within the abdomen, causing her to believe for a certainty that she was pregnant, to which end she made due preparations; but at the expiration of her time, as she had recorded it, no baby came. A physician was called who examined her and gave an opinion that she would not be confined for three or four weeks. She had felt no movement at this time for about two weeks, and had about decided that the fetus was dead. Soon after that, or about the tenth month of her gestation, she began to have some slight chills and fever of a mild degree. After continuing in this condition for two weeks or more, she decided to enter the Sanitarium for treatment.

Upon examination there could be easily felt a large tumor in the abdominal cavity which, in size, shape and conformity (as it could be outlined through the walls of the abdomen), felt very much like a fetus at full term. The uterus was found to be about the size of the ordinary nulliparous uterus, and was demonstrated to be empty beyond a doubt. So, taking into consideration the history and facts elicited by both subjective and objective examination, a diagnosis of abdominal pregnancy was made, and that the fetus was dead and likely had been for about

three months. The latter conclusion was reached from the fact that the fetal movements had ceased, and soon after that time the patient had developed chills and fever, which undoubtedly were septic in nature. After having her under observation at the Sanitarium for a week, an operation was performed on September 18, 1907.

For the operation the patient was prepared in the usual way for an abdominal section. She was given an hour before the operation 1-4 gr. morphia and 1-100 gr. hyoscine. Chloroform was given to complete the anaesthesia. I was assisted in the operation by Drs. Wilson, Hill and H. N. Dickson, of Paragould. An incision in the median line was made from symphysis to about an inch above the umbilicus. Immediately upon entering the abdominal cavity the amniotic sac was encountered, partly adherent to the parietal peritoneum on the left side. Posteriorly and to the right the sac was adherent in several places to the intestines.

The sac was opened and about one and a half pints of fluid escaped. The dorsum of the fetus presented in the wound. The face lay in the right iliac, the feet in the left hypochondriac. The child was easily removed and, though dead, was in a fair state of preservation and weighed eight pounds.

Now comes the most interesting part of this paper. The child lay in the right oblique as I have before explained. In the left iliac region was a completely developed placenta attached to the parietal peritoneum and that of the sigmoid, and from it was reflected the decidua that formed the gestation sac. The uterus, ovaries and tubes seemed perfectly normal throughout their whole extent. Nowhere was there any attachment between the placenta and these organs, a thing that good authorities say is impossible. The placenta was easily removed without the loss of more than an ounce of blood. The abdominal cavity was sponged with gauze wrung from warm normal salt solution.

A stab drain was placed in each iliac region. The peritoneum and the linea alba were closed with number 1 cat-gut, the skin with silk-worm gut. The wound was dressed with moist bichloride gauze, cotton and bandage. The recovery was uneventful and the patient sat up in a roller chair on the fourth day. There was never the slightest infection, and the post-operative fever only reached 99 degrees. The patient was well in two weeks.

The points of special interest in this case are:

1. That it was an abdominal pregnancy.
2. That the placenta was nowhere attached to the uterus, ovaries or tubes.
3. That the child had lived to about full term and weighed eight pounds.

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\*Read in the Section on Obstetrics and Gynecology at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.



4. That it had been dead for about two or three months and was in a state of good preservation.

5. That the placental adhesions were easily broken and the placenta removed with the loss of very little blood.

6. That no infection followed, and the patient made a perfect recovery in a very short time.

7. That this case helps to disprove the idea advanced by some authorities that, for a fecundated ovum to live and thrive that has escaped into the abdominal cavity, it must retain a placental attachment to the tube.

#### DISCUSSION.

Dr. Thibault: Especially with reference to the last paper read, I would like to report a case for the benefit of some of the members present who might have an opportunity to operate upon such a case. Mrs. G., mother of five children, about two years ago, stopped menstruating. The second time she missed she came to me, and I made a diagnosis of pregnancy. She went on for five months with the usual course of pregnancy, at the end of which time she passed a decidua mole, but had no other symptoms of depression, and no hemorrhage whatever. The fetus developed, the movements became apparent, and at about term or a little before, I detected fetal heart sounds. Shortly afterward the fetal movements suddenly stopped, and the fetus began to grow smaller. Recently I saw the patient, and she had a pedunculated tumor in the abdomen which was freely movable. By a careful examination the tumor measured about 6 1-2 by 6 3-4 inches in diameter, and was spherical. This patient never had the symptoms that ordinarily accompany normal pregnancy. She had a little nausea and vomiting, and occasionally periods of depression. She never stopped her daily work, and never stayed in bed a day. Beyond any doubt this was a case of abdominal pregnancy which went very nearly, if not fully to term. The fetus died, and had been dead for about a year and a half. She never developed any toxic or septicemic symptoms. She absolutely refuses operation, and in view of the fact that the tumor seems non-adherent and easily movable, I think she would make a splendid case for some of you gynecologists to operate upon and report at the next meeting of the society.

Dr. Phillips: I would like to ask Dr. Dickson if his case menstruated regularly.

Dr. Dickson: I stated every six or seven weeks.

Dr. Whitcomb: In view of the fact that Dr. Thibault's patient refused any operation, how can any one expect to operate on her and make such a report.

Dr. Thibault: Some surgeons possess more

powers of persuasion than I do, and when patients are getting along alright I don't push the point very far.

Dr. Dickson: I reported the case as being of great interest to me. I had never seen a purely abdominal pregnancy before. I have had a number of tubal pregnancies with rupture which ran the usual course that we have all seen; but for the fetus to be entirely in the abdominal cavity and to live and grow until it weighed eight pounds, was something of extraordinary interest to me. Before I saw this case I had believed with the authorities that such could not take place; that unless the placenta did retain an attachment to the tube, the fetus would necessarily have to die; that is, if it escaped, as I believe this one did. In talking to Dr. Dorr he tells me his case was similar to mine; that the fecundated ovum slipped out from the fimbriated extremity of the tube without rupture and that the tube never ruptured at all. There was no sign in either case of any tubal rupture. The ovaries and tubes were perfectly normal in my case. The idea held heretofore was that if the tube ruptured and the fecundated ovum slipped out into the abdominal cavity, necessarily it would have to die. But, in this case, it seems to have plastered itself on the side of the abdomen and received sufficient nourishment to grow and develop a practically normal-appearing placenta. Some of the authorities dismiss such a condition from the discussion because they say it is a thing that can not take place; others say but very little about it.

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#### A CASE OF HEMATOCOLPOS AND HEMATOMETRA\*.

By L. E. Willis, M. D., Newport.

I did not select this case to report to you on account of the high-sounding title, but because it is a very unusual condition. I have only met with two such cases in twenty-two years of private practice.

#### HISTORY OF THE CASE.

W. G., female, age 16. She always had good health until three years ago, when she complained of severe headache, backache, and pains in the region of her uterus. For three or four days each month she suffered much pain, then she would feel quite well until the next month when there would be a repetition of these symptoms. Each successive period, the symptoms became more severe. About one year ago, she suffered for a longer period than ever before, and her back did not get easy from one month to the next. In

\*Read in the Section on Obstetrics and Gynecology at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

the meantime, she showed a general decline in health; a physician was called who prescribed for her, attributing her ill-health to her age and changes taking place due to approaching menstruation. After some months' treatment she showed no signs of improvement; but upon the contrary, she became more miserable and lost in weight. A second physician was called who made an examination and found a tumor in the lower abdomen, and discovered there was no vagina. He brought her to my office June 9, 1907. I examined her and found her thin and anaemic; her temperature was 102°; her pulse 109. Upon inspecting the abdomen I could see a prominence or enlargement over the lower abdomen. There was simply a vulva with no vaginal opening. After emptying the bladder with a catheter, I made a digital examination per rectum, and outlined a tumor about the size of a three months' pregnant uterus, the lower border of which was about four or five inches above the vulva, a hard cord-like ridge extended between it and the rectum. My diagnosis was haematocolpos, with probably haematometra.

#### TREATMENT.

After the usual preparation (the patient being anaesthetized) I began near the center of the vulva and dissected along as nearly the middle of the cord-like substance as I could for about three and one-half inches, then used a small Graves vaginal speculum to dilate and through which to work until I dissected up about four inches, when there was a gush of thick, chocolate-colored material. After draining away all of this I could, I packed with sterilized gauze and removed it until it came away without being much soiled; then I passed my right index finger into the cavity which had contained the fluid, and felt the os uteri; by making pressure with my left hand backward and downward from the pubic bone, I could feel more of the thick material pass out of the cervix. I then mopped out the wound and packed with gauze. I removed this packing in twenty-four hours, mopped out and repacked. After this time I removed the packing every forty-eight hours for the next ten days. Three weeks after the operation she menstruated for the first time in her life. She has continued to menstruate every month since without any bad symptoms. She has gained flesh and is now in ideal health.

#### DISCUSSION.

Dr. Thibault: I never had the fortune or misfortune to see a case of this sort until last summer, when I discovered three girls in one family with occlusion of the vagina. At least, I did not see but two of them; one had died previous to my visit. The first one had nearly an imper-

forate hymen that had existed, I presume from birth, but her present condition had only existed about two years. She was 16 years old, and had had premonitory symptoms of menstruation for about two years. A colored physician was called in, and without taking any precaution against sepsis, simply incised the hymen and left the patient without any dressing at all. She became infected and died. Of the other two patients, one of them had an atresia for about two inches inside the vulva which was treated by simple incision and drainage. Of course, packing prevented adhesion taking place for a good while. The third one was a girl 19 years old, who had had symptoms of menstruation ever since she was 13. She had no vagina at all; simply a little pouch in front of the cervix uteri. She had to be treated by dissection, the lines of cleavage were followed as nearly as possible. After getting through, I had to manufacture a vagina, which is the hardest part of the operation. After about three months, with varying success and failure in this plastic work, the results were fairly good.

The most interesting thing about this is the family history. These girls varied in age from 7 to 12 years old. One of them, the last one, probably had congenital atresia. As to the other two, I don't think there is any doubt but that their condition was the result of a specific inflammatory condition, because they all had contracted gonorrhea from their mother. One of them had gonorrheal ophthalmia, and the mother had lost one eye from this disease. They all slept in one bed in a one-room cabin. The father, mother and three or four babies all slept in one bed, and both parents had gonorrhea. The probability is that the condition of these children, at least two of them, was due to gonorrheal inflammation or early vulvovaginitis.

The general idea among general practitioners who have not taken the trouble to investigate this condition described by the author is all they have to do is to incise; but after they have made an incision and infection follows, they come to realize the importance of these conditions, especially where they have existed a long time and the vagina and uterus are distended and their vitality lowered by pressure or interference with the circulation.

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**LOCATION FOR SALE.**—Good location in town of 1000 population on the main line of railroad in Southern Arkansas. Good residence property and drug store can be bought for \$2000.00. Address, Journal or the Arkansas Medical Society.



## OBSTIPATION: IS IT A SYMPTOM OR A DISEASE?\*

By O. C. Howton, M. D., Osceola.

## REPORT OF TWO SO-CALLED CASES.

If you will pardon me for presenting a paper with such a seemingly foolish title, I will endeavor to introduce for discussion an important subject for the general practitioner.

Retention of feces, or failure of normal bowel action from any cause, is constipation. Do you know of any disease, symptom or condition that is of such frequent occurrence in your every day work as the one under discussion? I doubt if you do. No doubt it affects more people than any other disease or condition to which human flesh is heir, with the possible exception of "pain," which, like constipation, is only a symptom of some disease or an evidence of an abnormal function of some particular organ.

I have spoken of constipation only as a symptom, but believe that most doctors and all the laity consider it a well defined, separate and distinct disease. No doubt it has affected all generations from Adam to Noah, as well as most of the people of today. It has been called the "disease of civilization." This is significant, to say the least, but is not correct, for in some cases there may not be any pathological condition in the bowel at all, therefore I do not believe that every case is a disease *per se*, for there may be constipation in an infant or a strong and healthy person with normal and healthy bowels and rectum. I do believe, however, that it affects the more highly civilized and those with the most comforts of life. It is said that the American Indians were found practically free from constipation and rectal troubles; this no doubt was because they did not grow up under the stringent customs and false modesty of our present day civilization, knowing no self-modesty in promptly stepping aside without embarrassment, shame or disgrace to attend to the calls of nature in the presence of the whole tribe. This custom, it is said, also prevails to a certain extent in France today, and it is a singular but evident fact that constipation and rectal diseases are practically nil among the French people.

We must make every individual case a "law unto itself," and try to determine the real cause. In my opinion it will be found in the habits and irregularities of each patient rather than in some hereditary tendency or pathological condition at some point in the bowel or rectum.

There are many factors concerned in the production of obstipation. There are also many

diseases, the origin of which may be traced from an obstinate or chronic constipation. The causes of constipation and the diseases and symptoms which result from it are too numerous to mention here; the sedentary life, irregular habits in food and drink, and especially the failure to observe the daily evacuation of the bowels at the very moment that nature calls, is in my opinion by far the most frequent of all etiological factors.

Many times the patient is allowed to make his own diagnosis of this affection, and some of us drop into error by prescribing accordingly. It is needless to say that the prescription usually given is a purgative to be taken at bedtime; it also goes without saying that such a course of treatment will relieve temporarily but never permanently cures the patient. The effects of a purgative in this condition tend to keep up the constipation instead of curing it. Why? Because it produces an irritation or excessive stimulation of the bowel and, if this procedure is continued, it finally prevents the daily evacuation even at the expense of a great effort on the part of nature. And yet, as I have said, a great many physicians daily prescribe enemas and strong purgatives for their patients, and the laity are so well educated to this course of procedure that they go to the druggist, instead of the physician, who takes their case and counter-prescribes three capsules, each containing about 3 grs. of calomel, aloes and rhei for the trivial price of 10 cents and labels them "One at bedtime." The layman takes and gives this regularly to his family. It is purely a money proposition with the druggist, ethics and the welfare of his customer in many instances being entirely incompatible with his method of getting business. Another objection to the purgative plan is the impression it makes on the people that they need it in every case of illness and upon all occasions, and finally think the druggist is as competent to prescribe for them as the physician.

When we remember that constipation breeds a thousand ills; that in its insidious onset it usually attacks the weaker sex, and especially school girls who are in a poor state of health, then the wise physician can appreciate more than any one else the real importance of a careful study of each case. By earnest efforts he should instruct his patient in the simple rules of health, and point out the causes which tend to produce it and the necessary steps to prevent it, like frequent baths, plenty of good water to flush the system, plenty of outdoor exercise and a regular hour to go to stool. The best time for the latter is just after breakfast, whether the inclination is present or not, and plenty of time is necessary. These simple rules can be followed by every one, and I believe they should be taught

\*Read in the Section on Medicine at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

to all young people and especially should something along these lines be taught in all female boarding schools. In every case of chronic constipation we should make a careful examination of the rectum and external sphincter muscle. Do not accept the other doctor's diagnosis, investigate for yourself, then, knowing the condition present and having the patient's confidence, tell him positively that constipation can not be cured in a day or a week, nor with purgatives and enemas at all. The patient may reply that if the purgatives were taken away and the injections discontinued the bowels would not move at all. Then assure him that if the bowels do not move for several days there is no great harm done.

Cases are generally hard to treat because patients so seldom ever persistently and precisely carry out the physician's advice; as we all have our hobbies in the drug line, and as there is no specific for the disease, I shall not mention any particular remedies.

I shall leave the treatment entirely for your discussion, only mentioning a case or two somewhat in line with these remarks, more for the purpose of illustration and to emphasize a point or two.

#### REPORT OF CASES.

On September 30, 1905, I was called to see Susan Olive, colored, age 47, mother of eight children, who said her husband gave her syphilis twelve years before. She was very much emaciated, having been confined to her room for a year or two, and stated that she had piles and had suffered from constipation for seven or eight years, and further stated that her bowels did not act more than once a month, and, on a few occasions, not that often.

She said that the doctors who had treated her had all given her many varieties of purgatives, all of which had failed, and that it had gotten so they did not do her any good, and that recently she had taken two bottles of castor oil, eight Carter's liver pills and four large doses of epsom salts without producing any results.

The abdomen was very much enlarged, looking like a five-month pregnancy (the bowels were full of feces), so the first thing I did was to make a digital examination of the rectum and found a hard, smooth stricture about four inches into the rectum, the caliber of which was so small that it would not admit the passage of a lead pencil.

I frankly told the patient that she was suffering from stricture of the rectum and not constipation, and that her piles were external and were not the cause of her constipation. I also told her that a little operation was the only cure for her and that I would not treat her in any other way, so she consented and, with the

assistance of Dr. R. C. Prewitt, we did the operation.

Three cuts were made through the stricture down to the healthy tissue which immediately enlarged the rectum to an inch and a half or more, and immediately the large bowels relieved themselves of at least two or three quarts of very offensive fecal matter which, no doubt, had been pent up for several months. The rectum was irrigated and a hollow tampon introduced and fastened with a T bandage. Everything went well and the bowels gave no trouble until the third day, when I was summoned to come in a hurry. I knew that hemorrhage could be the only danger and, having been told that there was no bleeding, did not go immediately as I was otherwise engaged, but when I did see her she had strained the tampon out and, following that, about three quarts more of hard fecal matter escaped. She was otherwise alright, so I ordered her dressed and did not replace the tampon.

She improved nicely with practically no other treatment except to use the catheter twice daily. About one year after the operation I examined the rectum and found that another stricture had formed two and a half inches below the first; but this one did not interfere with the evacuations to any great extent. I wanted to dilate that one but, of course, she objected as long as she could have a fairly good passage.

I was called on May 4, 1908, to see Joseph Price, colored, who told me that he had suffered from piles since February, 1907. He is forty-five years of age; weight 160 pounds; his original weight was 190 pounds. On examination there was found two small external piles but they were not inflamed and did not cause his trouble. He passed blood at times and came nearly bleeding to death once or twice. In February, 1907, he noticed a pain in the rectum which increased gradually and which was aggravated by work, motion or the sitting posture. This has become so severe that he cannot work at present.

On examination with my finger the rectum seemed to be hollow, and there were small nodules the edges of which were soft, the remainder was hard and irregular in shape. This had so affected the man that he could not empty the bladder without the bowels, and vice versa.

From the examination of this case my diagnosis was cancer of the rectum, but he and all his acquaintances and one physician think his piles the chief trouble.

The first case was called constipation by the patient and treated as such for seven years by several physicians and none of them made an examination; the second case was called piles by the patient and his acquaintances, and treated as such by one physician. It remains that the



laity consider all affections of the rectum either piles or constipation, and this is partly why I reported cases which are somewhat at variance with the subject of my paper, and not because the cases were so unique, or rare. Now, to sum up:

1. Don't accept the other doctor's diagnosis without making an examination yourself.

2. The laity (and some M. D's) call all affec-

tions of the rectum constipation or piles. Don't let them diagnosis the case.

3. Always examine the rectum and external sphincter muscle when the history or symptoms point to constipation or rectal disease.

4. Educate your patients against the promiscuous taking of drugs and especially the druggist's remedies.



JOSEPHINE PILLOW SHINAULT

Born to Dr. C. R. Shinault, Ex-President Arkansas Medical Society, and Mrs. Shinault, after 14 years of wedded life

# THE JOURNAL

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A schedule of rates will be furnished upon application.

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### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### THE NEWER MEDICINE: A TOPIC FOR COUNTY SOCIETIES.

The long drawn-out summer months are at an end. County societies that had adjourned to reconvene in the fall, are now beginning to resume work, and the promises and opportunities which the coming fall, winter and spring months hold, are infinitely greater and more momentous than at any time in the history of medicine.

The world is standing on the tip-toe of expectancy nervously awaiting some hopeful pronouncement on three diseases which have been the scourge of the human race—cancer, syphilis and tuberculosis. Sanitary scientists and public hygienists have, by their unremitting labors and researches, stirred the laity from center to periphery, and have built the temple of Preventive Medicine on a foundation more stable than that of Therapeutics. The world-wide moral issues, amongst which are the venereal and alcoholic (a discussion of the latter

once held to be beyond the province of a medical society), are now rightfully claiming the attention of the more intelligent members of the profession and the more progressive and aggressive medical societies. In fact, so broadened have the duties and responsibilities of the physician and his society become, that it can be truthfully said, that any movement having for its ultimate objects the improvement of public health, the prevention or control of disease from whatsoever cause, the advancement of the citizen and elevation of the standards of citizenship, belongs to the domain of medicine. The physician cannot dissociate himself from these issues, and must meet them openly, squarely, intelligently but patiently, and without evasion.

It has not been so very long since the citizen was lost in the cloth of the doctor; but now, thanks to a higher and more exalted conception of medicine, the doctor is fast becoming the citizen. The doctor-citizen, therefore, is destined to become a powerful factor in national medical economics of the future and of increased service to mankind.

We assume that county societies are now beginning to arrange their programs for the winter meetings, and the suggestion is offered that subjects other than strictly medical ones be introduced for discussion, believing that such an interpersing will not only be of decided interest and afford a perspicacity too often lacking, but will be conducive of an increased attendance. The meetings would be much enlivened by a program including the discussion, in all of their phases, of such subjects as pure water, pure food, pure milk, prophylaxis of typhoid fever, prevention and control of tuberculosis, criminal abortion, the venereal peril, prohibition, public hygiene, fraudulent nostrums, medical education, vital statistics, etc. Questions of public policy are not without medical interest, and the laity is now beginning to recognize the incalculable importance of medical economics, and therefore naturally look to the medical profession for advice and leadership. The requirements which modern civilization have placed upon the physician and his pro-



fession, are those which the physician himself initiated and impressed upon the laity by his unremitting labors and energies, and for him to stand still now and withhold assistance in the consummation of the long-cherished ideals of the Newer Medicine, is a strong suggestion of inconsistency.

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FIRST MEETING OF THE COMMITTEE  
TO PERFECT AN ORGANIZATION  
FOR THE STUDY AND PREVEN-  
TION OF TUBERCULOSIS.

At the recent meeting of the State Society, the House of Delegates passed a resolution providing for the appointment of a Committee to Perfect an Organization for the Study and Prevention of Tuberculosis, and President Clegg appointed on this committee. Dr. J. S. Shibley, Chairman, Paris; Dr. D. C. Walt, Little Rock; Dr. M. G. Thompson, Hot Springs; Dr. W. B. Lawrence, Batesville; Dr. J. B. Bolton, Eureka Springs; Dr. H. C. Dunivant, Osceola, and Dr. M. Y. Pope, Monticello. The first meeting of the committee was held in Little Rock, September 22, Dr. Shibley presiding. Organization was perfected by the adoption of a constitution and by-laws, and a Board of Directors was appointed, consisting of fifteen members of the State Society and ten prominent laymen. Dr. Shibley was chosen permanent President and Dr. M. G. Thompson, of Hot Springs, Secretary and Treasurer. Only routine business was transacted, and the next meeting is to be held in Little Rock in January while the Legislature is in session. Governor-elect Donaghey was present at the organization and manifested a deep interest in the proposed campaign against the White Plague. His message to the Legislature will call attention to the work of the Committee, and some positive recommendations are expected from him.

The question, shall the State build sanatoria for the care and treatment of its tuberculosis subjects, is one that the next Legislature in all probability will be called upon to answer. Whether it is too early yet to make any demands upon the State, will be determined by the progress which the committee makes. It recog-

nizes that the success of such a movement as the one contemplated, depends upon the thorough education of the people, and this cannot be accomplished in a day. A campaign of education is the first and most essential thing, and the plans the committee have in view, are far-reaching and in the end will result in the conviction of the people to this great cause.

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That Arkansas has not kept pace with other states in the movement for the conservation of the public health, is a fact too true, and is to be greatly deplored. But it is no fault of the Arkansas Medical Society that this condition exists. Biennially, for thirty years, the Legislative Committee of the Society has earnestly and persistently labored for the passage of laws and measures designed to protect the health of the State's citizenship. Biennially, for thirty years, the citadels of prejudice, low politics, indifference and ignorance have felt but slightly, if any, the bombardments waged in the name of scientific medicine and altruism, and the sad corollary of all those years of labor and importunities, is found in the almost total dearth of statutory enactments in the interest of public health. Just how much longer this condition is to be suffered, cannot be conjectured. The millennium of Preventive Medicine will never come in this State until the Federal Government essays to do that which the state is unwilling to do, or incapacitated to do. State's Rights should be lost in the universal question of public health. As no citizen is allowed to become a nuisance to his neighbor, neither should the Federal Government allow a state to become a nuisance or eye-sore to its neighbor or the Nation. We hope it is none too early to prophesy the early enactment of a comprehensive national medical law which will fulfill all the requirements of modern medical science and the needs of the people.

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Osler says, in speaking of tuberculosis, "Benefit is usually a matter of months, complete arrest a matter of years, absolute cure a matter of many years."

MINUTES OF THE MEETING OF THE  
COMMITTEE FOR THE STUDY AND  
PREVENTION OF TUBERCULO-  
SIS, OF THE ARKANSAS  
MEDICAL SOCIETY.

Pursuant to the call of the Chairman of the Committee on the Study and Prevention of Tuberculosis of the Arkansas Medical Society, appointed for the formation of an Anti-Tuberculosis League, the committee met in the Supreme Court rooms, Little Rock, Arkansas, 9 a. m., September 22, 1908, Dr. J. S. Shibley, of Paris, presiding. W. B. Lawrence, of Batesville, D. C. Walt, of Little Rock, H. C. Dunavant, of Osceola, and M. G. Thompson, of Hot Springs, were the other members of the committee present.

Governor-elect G. W. Donaghey, Chief Justice Hill, Little Rock, and Dr. A. T. Sweatland, Little Rock, were the invited guests present.

The following officers were elected: Dr. J. S. Shibley, President, Paris; Dr. W. B. Lawrence, First Vice-President, Batesville; Dr. H. C. Dunavant, Second Vice-President, Osceola; Hon. W. H. Shibley, President First National Bank, of Van Buren, Treasurer; Dr. M. G. Thompson, Secretary, Hot Springs.

The following members were elected from the Arkansas Medical Society: Dr. A. E. Sweatland, Little Rock; Dr. M. Fink, Helena; Dr. J. T. Clegg, Siloam Springs; Dr. H. Moulton, Fort Smith; Dr. A. C. Jordan, Pine Bluff; Dr. Nettie Klein, Texarkana; Dr. E. K. Williams, Arkadelphia; Dr. Anderson Watkins, Little Rock; Dr. H. D. Wood, Fayetteville; Dr. Leonidas Kirby, Harrison; Dr. Joseph Case, Batesville.

Lay members: Chief Justice Joseph M. Hill, Little Rock; Professor Geo. B. Cook, Little Rock; Professor Junius Jordan, Pine Bluff; Hon. O. L. Miles, Fort Smith; Hon. R. E. Wilson, Wilson; Professor B. W. Torreyson, Little Rock; Hon. H. L. Rammel, Little Rock; Judge Jacob Trieber, Little Rock; Hon. H. Heiskell, Editor of Gazette, Little Rock; Hon. Theo. Harper, Editor of Democrat, Little Rock.

The Secretary was instructed to notify these

gentlemen of their appointment and request their presence at the next meeting.

A fund to meet the immediate expenses of the committee was contributed by the following members: J. S. Shibley, \$5.00; W. B. Lawrence, \$5.00; H. C. Dunavant, \$5.00; M. G. Thompson, \$5.00; A. E. Sweatland, \$5.00.

Governor-elect Donaghey and Judge Hill both expressed great interest in the work of the committee and pledged their hearty support and co-operation.

CONSTITUTION AND BY-LAWS  
ADOPTED.

ARTICLE I—NAME.

The name of this organization shall be THE ARKANSAS ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS.

ARTICLE II—PURPOSES.

The purposes of the Association are:

I. Dissemination of knowledge concerning the causes, treatment and prevention of tuberculosis.

II. Investigation of the prevalence of tuberculosis in the State of Arkansas and the collecting and publishing of useful information concerning it.

III. Securing of proper legislation for the relief and prevention of tuberculosis.

IV. Co-operation with the public authorities, State and Local Boards of Health, the National Association for the Study and Prevention of Tuberculosis, medical societies and other organizations in approved measure adopted for the prevention of the disease.

V. Promotion of the organization and work of local societies in all parts of Arkansas.

VI. Encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, etc.

BY-LAWS.

ARTICLE I—MEMBERSHIP.

Section I. The Association shall consist of active, honorary and life members.

Section II. Any person who shall pay \$1.00 or more into the treasury shall become an active



member for the year in which such payment is made.

Section III. A person may be elected to honorary membership at any regular meeting of the society by a majority vote of those present.

Section IV. Any person may become a life member by the payment of \$25 into the treasury.

#### ARTICLE II—OFFICERS.

Section I. The officers of this Association shall be a President, two Vice-Presidents, Secretary, Treasurer, and Board of Directors.

Section II. The President, Vice-Presidents, Secretary and Treasurer shall perform the customary duties of their respective offices.

Section III. The Board of Directors shall consist of twenty-five members, with the President and Secretary as ex-officio members, and shall have entire control of the business of the Association and of the expenditures of its funds, except where otherwise provided for by the By-Laws; and it shall appoint such subordinate officers and agents as shall be necessary to carry out the work of the Association.

Section IV. The Board of Directors shall not incur indebtedness in excess of the amount of money in the hands of the Treasurer except on a vote of two-thirds of the members present at an annual meeting.

#### ARTICLE III—MEETINGS.

Section I. The Association shall meet semi-annually on the fourth Tuesdays in January and in May.

Section II. The President may call a special meeting of the Board of Directors upon written notice to each member at least six days before the time of such meeting.

#### ARTICLE IV—ELECTION OF OFFICERS.

Section I. The officers and Board of Directors shall be elected at the semi-annual meeting in January.

Section II. All vacancies arising shall be filled by the Board of Directors until the next semi-annual meeting.

#### ARTICLE V.

Section I. All literature and lectures must receive the approval of the Board of Directors.

#### ARTICLE VI—AMENDMENTS.

New by-laws may be adopted, or amendments to constitution may be made by a majority of the Board of Directors, except that any amendment permitting the creation of a permanent debt, or of a floating debt in excess of funds on hand, must be sanctioned by a vote of the members at a semi-annual meeting.

The Association adjourned until the second Tuesday in January, 1909, with instructions for the Secretary to notify each member six days before hand of the meeting.

M. G. THOMPSON, Secretary.

#### *Communications.*

#### THE MEDICAL ASSOCIATION OF THE SOUTHWEST.

Hot Springs, Ark., Sept. 24, 1908.

*To the Editor:*

On my way East from a six weeks' outing in the Rocky Mountains, I stopped off at Kansas City and saw a number of the Kansas City doctors, including Dr. Punton, Chairman of the Committee of Arrangements for the coming meeting of the Medical Association of the Southwest. They are certainly making great preparations for the entertainment of those who may attend and are expecting fully five hundred members. They are especially providing for the entertainment of the ladies and desire that the doctors, as far as possible, be accompanied by their wives, daughters, or sweethearts, and they assure them a good time.

Besides the social entertainments, the doctors have arranged for some very instructive clinics, both surgical and medical, to be held before the meeting convenes and after it adjourns. I am quite sure from what I know of the Kansas City doctors you will enjoy a treat in these clinics. We sincerely hope that the profession from Arkansas will make a good showing at this meeting and of course it will be more than pleasing to myself, as I happen to be the presiding officer on that occasion. There will be a large number of excellent papers read at the convention. The surgical papers already handed in number fifteen and I do not doubt

but when all the papers are in they will number quite fifty.

Dr. F. H. Clark, our very efficient and untiring secretary, reports that we may expect a very large meeting and a fine program.

The time of the meeting is October 19th, 20th, and 21st.

Yours fraternally,

Thos. E. Holland, M. D.

#### THE FIFTY-SIXTH ANNUAL SESSION OF THE AMERICAN PHARMACEU- TICAL ASSOCIATION.

Hot Springs, Ark., September, 1908.

##### *To the Editor:*

The first general session of this meeting was convened in the immense dining hall of the Eastman Hotel, at Hot Springs, Ark., at 3:30 p. m., September 7, 1908, President W. M. Searby, of California, present and presiding.

The local Secretary, Mr. M. A. Eisele, presented Hon. W. H. Martin, of Hot Springs, who spoke in a most felicitous manner, extending a cordial welcome to the members of the Association and visitors.

Mr. Frank Schachleiter, of Hot Springs, President of the Arkansas Association of Pharmacists, extended the formal welcome of Arkansas pharmacists, assuring the body that the work of the Arkansas Pharmaceutical Association was fully appreciated by the pharmacists of this State.

Dr. C. C. Stephenson, of Little Rock, chairman of the delegation appointed by the American Medical Association, was detained at home, greatly to his regret, but delegated Dr. C. T. Drennen, to represent him and the American Medical Association—this Dr. Drennen did in a graceful speech that captured the convention.

Dr. J. C. Minor, of Hot Springs, spoke for the local Medical Society and was heartily applauded. Other congratulatory speeches were made, notably by Professors Hynson, of Baltimore, Professor Hallberg, of Chicago, Miss Mary Fein, of Arkansas, Mr. Hammer, of the U. S. Navy, Mr. Roehrig, of the Marine Hospital Service, and Mr. Dewoody, of the N. W. D. A.

Dr. H. W. Wiley, of the Department of Agriculture, Washington, D. C., sent his greetings by Dr. L. F. Kebler, chief of the drug laboratory of that Department. The speech of Dr. Kebler was important and was well received by the Association.

The President's address was a masterly paper and attracted the closest attention. He made a telling appeal for a higher standard of education, literary as well as professional.

##### ELECTION OF OFFICERS.

On Friday morning at the second general session, the following officers were elected, having been recommended by the Nominating Committee which had held its session Monday night: Dr. Oscar Oldberg, of Chicago, President; E. G. Eberle, of Dallas, Tex., First Vice-President; Wm. Mittlebach, of Booneville, Mo., Second Vice-President; J. H. Beal, of Scio, O., Third Vice-President.

##### THE REFERENDUM.

By a change of the By-Laws last year, it was also in order to submit the names for the 1909 officers to be voted for by mail, before the 1909 meeting. Three names for each office were recommended to be sent to the membership to the end that every member could vote, though he need attend a meeting.

##### THE SECTIONS.

Everything except the general business affairs of the Association was transacted, as usual by the various Sections, to-wit: The Commercial Section, the Section on Education and Legislation, the Section on Scientific Papers, the Section on Practical Pharmacy and Dispensing, and the Historical Section. No two of these Sections sat at the same hour, so that every member could attend each Section.

Papers of much value were read and discussed at all of these Sectional meetings. Among those that greatly impressed your reporter, were the papers of Prof. H. H. Rusby, of New York, and Dr. L. F. Kebler, of the Bureau of Chemistry, Department of Agriculture, Washington, D. C. Prof. Rusby spoke of the enormous adulteration of crude drugs at the port of New York. Lot after lot of belladonna proved to be poke root, sometimes wholly so.



The same results with a long list of imported drugs.

Dr. Kibler discussed "Prescription Nos-trums" of the present day, like compound kargon and the advertisements of which were printed as "editorials" in leading papers. A delegate from Massachusetts stated that a law had been enacted in that state requiring the newspapers to insert in large type as the heading to such advertisements the words: "This is an advertisement."

The chairman of this Section was instructed to appoint a committee charged with the duty of drafting a set of resolutions declaring that the American Pharmaceutical Association condemns this objectionable and deceptive mode of advertising, and to bring said resolutions to the attention of the Association of Editors and Proprietors of newspapers, to the end that such "editorials" as above referred to should be refused.

The Association of State Pharmacy Boards was held at the Hotel Eastman in the interim of other meetings. It was a very valuable session of all Board members. While considerable "flint and steel" was in evidence, not the slightest acrimony was manifested. The effort to secure essential uniformity in examinations was greatly advanced. Your Dr. Bond won his four years' fight to eliminate the "five per cent" extra rating above the passing grade required of registered men of our State who sought registration by exchange in another state.

Arkansas captured a good proportion of the honors. Mr. Schachleiter, of Hot Springs, Dr. Bond, of Little Rock, and Mr. Dewoody, are on the list for offices submitted to the "referendum" vote. Dr. Bond was elected Chairman of the Historical Section, a member of the General Council, and a member of the Committee on "Questions and Methods" by the Association of Pharmacy Boards. Mr. J. F. Dowdy was elected a vice-chairman of the latter Association.—*Medicus*.

## REPORT OF THE DELEGATES TO THE SECTION ON PHARMACOLOGY OF THE AMERICAN MEDICAL ASSOCIATION.

*To the American Pharmaceutical Association of  
the American Medical Association:*

There can be no question that the last meeting of this Section, held in Chicago, June 2 to 5, 1908, was by far the most interesting and important meeting of the Section that has ever been held. There certainly can be no comparison between the earlier meetings of this Section and the one recently held. For a number of years it was difficult to get more than ten or twelve physicians, out of the whole membership, to attend the meetings, while at the last meeting there were at least five times this number of physicians and others in attendance.

A symposium on the Pharmacopoeia and the National Formulary occupied one of the Sections. The discussions were interesting and illuminating, full opportunity being given for hearing various plans for improving the methods of revising the United States Pharmacopoeia. The Chairman of the Committee of Revision was present and was given the opportunity of answering questions and replying to some of the points made in the discussion. It was evident that the American Medical Association would hereafter take vastly more interest in the Pharmacopoeia than it ever has before.

In this connection the work of the Chicago Branch of the American Pharmaceutical Association should be mentioned. About 150 different preparations, prepared by the Chicago members, were on exhibition in the Hall and attracted much attention. Too much cannot be said in favor of this method of doing Propaganda work. Even well informed physicians are surprised to find that many preparations which they prescribed can be made by the retail pharmacist, as physicians are educated mainly, nowadays, to believe that the manufacturer, having a large establishment, is the only one properly equipped to make official and unofficial preparations. It will be a great day for pharmacy when the physician will establish the habit of calling frequently upon the corner apothecary to con-

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**Physicians, Attention!** DRUG STORES AND  
DRUG STORE POSI-  
TIONS anywhere desired in the United States,  
Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

fer with him upon the most eligible means of preparing medicines for the doctor's own patients.

The relations between pharmacists and physicians were shown to be of a most harmonious and uplifting character and at no meeting, since the Section was first inaugurated, was there a better spirit of co-operation than at the one held in 1908.

Another feature of the work of the American Medical Association has been the work of the Council of Pharmacy and Chemistry, who have steadfastly pursued a course of enlightenment of the medical profession, by exposing frauds in a fearless manner. This, coupled with the work of the Department of Agriculture at Washington, and the large number of joint meetings of physicians and pharmacists throughout the United States, have been producing results far-reaching in importance, and the public today are showing an appreciation of the exposures.

The predominating note throughout the meeting of the Association was preventive medicine and sanitary science.

Like every new condition, there is a grave danger of going too far. "Drugless therapy" has become a fetich in many sections of our country. The Section on Pharmacology passed resolutions which were intended to sound a warning in this direction and they will be found below:

"APPROVE PHARMACOPOEIAL REVISION.

"Whereas, The value of pure air, pure water, exercising, bathing and other hygienic agents and methods for the treatment of disease cannot be too strongly endorsed by the Section on Pharmacology and Therapeutics, but the use of standard pharmaceutical preparations of known and tried efficiency should not be ignored, as they constitute important adjuncts in treatment. And,

Whereas, The neglect and indifference of many practitioners to the recent great development of more exact methods of standardization as well as those of approving the purity of official medicines has seriously impeded the growth of rational therapeutics and has encour-

aged the use of proprietary remedies and those of unknown composition, Be it therefore

*Resolved*, That the Section on Pharmacology and Therapeutics earnestly recommends and pledges its support to every well directed effort which will aim to determine the exact value of therapeutic agents or scientific methods which will be open to all and uncontrolled and uninfluenced by commercial interests which sometimes benefit the individual at the expense of the many who trust the practitioner to restore them to health.

*Resolved*, That this Section tenders its active support to the Committee on Revision of the U. S. Pharmacopoeia and to the American Pharmaceutical Association in their efforts to improve both legal standards by suggestions and recommendations to the end that both the medical and pharmaceutical professions unite in a pledge of active and continued effort in combating danger, disease and death."

The meeting of the Association was the largest and, in many respects, the most important yet held; nearly 12,000 physicians and others being in attendance and the reception given to the members of the pharmaceutical profession was cordial and gave evidence of future usefulness.

Joseph P. Renington, Chairman.  
M. I. Wilbert,  
Oscar Oldberg,  
William A. Puckner,  
A. M. Roehrig,  
Henry Kraemer,  
C. S. N. Hallberg,  
William Bodemann,  
Charles Caspari, Jr.,  
William B. Day.

Committee.

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## DISTRICT AND COUNTY SOCIETIES.

THE FIRST DISTRICT MEDICAL SOCIETY.—The Fall Meeting of the First District Medical Society composed of the counties of Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph will be held at Paragould, October 13th, under the presidency



of Dr. L. H. Hill of Greenway. The program was as follows:

MORNING SESSION.

10 a. m.

Clinic in Operating Room of the Paragould Sanitarium. Conducted by Dr. Dickson.

BANQUET.

12:30 p. m.—Elk's Hall.

"Food fills the wame, and keeps us livin';  
Tho' life's a girt no worth receivin'  
When heavy dragg'd wi' pine and grievin';  
But oiled by thee  
The wheels o' life gae down hill scierin  
Wi' rattlin' glee."

—Burns.

Toastmaster—A. G. Dickson, Paragould.

"The Midnight Hour"—C. M. Lutherloh, Jonesboro.

"Backbone"—J. P. Runyan, Little Rock.

"The Country Doctor"—Thad. Cothren, Wolcott.

"A Layman's Lancet"—Pierce Taylor, Paragould.

"The Doctor's Wife"—Mrs. Sarah Dickson, Paragould.

2 p. m.

PRESIDENT'S ADDRESS.

"Social Hygiene"—Dr. L. H. Hill, Greenway.

"Obstipation"—Dr. Oleander Howton, Osceola.

"Hydrophobia"—Dr. C. H. Hoffman, Little Rock.

Paper—Dr. A. R. McCarroll, Walnut Ridge.

Paper—Dr. G. A. Warren, Black Rock.

Paper—Dr. Thos. G. Brewer, Osceola.

Paper—Dr. J. C. Hughes, Walnut Ridge.

THE THIRD DISTRICT MEDICAL SOCIETY. composed of the counties of Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff, will be held at Forest City, October 28-29 under the presidency of Dr. E. D. McKnight. The program has not yet been prepared but all indications point to a successful and interesting meeting.

HOT SPRING COUNTY.—The Hot Spring County Medical Society held its regular

monthly meeting in September at Malvern, but on account of the absence of a number of members the society did not convene in October. Monthly meetings have been held regularly each month all through the summer. At the last meeting, Dr. R. Y. Phillips, of Malvern, read a paper on "Summer Complaints of Children" which was freely discussed by all the members. Dr. W. A. Carroll, of Saginaw, and Dr. J. M. Williams, of Malvern, were appointed to read papers at the next meeting, which will be held in November.

The youngest baby belonging to a doctor in this society is over a year old, and there have been no deaths amongst the members since the last report. R. N. DONNEL, Secretary.

WHITE COUNTY.—At the last meeting of the White-Cleburne County Medical Society, held at Searcy, Thursday, October 1st, the following program was rendered:

Clinical Reports, by J. M. Jelks, M. D.

Report of a Case of Hemorrhage of the Stomach, by S. T. Tapscott, Jr., M. D.

Report of Cases, by C. B. Stark, M. D.

The Business Side of Medicine, by L. E. Moore, M. D.

Paper, by J. J. Moncrief, M. D.

Report of Cases, by J. W. Hassell, M. D.

Regular meetings have not been held on account of apparent lack of interest.

S. T. TAPSCOTT, Secretary.

MISSISSIPPI COUNTY.—The next session of the Mississippi County Medical Society will be held at Osceola, on Wednesday, October 15th, 1908. Owing to the late arrival of the morning train from the south there will be only a short business session from 11 to 12 o'clock at the Beall Hotel. Dr. Dunavant has invited the society to eat a "barbecued" dinner at his residence. At 1:30 the society will reconvene. Following is the program:

1. "The Etiology, Pathology and Treatment of Acne Vulgaris," Dr. Marcus Haase, Memphis, Tenn.

2. "Dysentery," Dr. H. C. Dunavant, Osceola.

3. "Early Diagnosis of Pulmonary Tuberculosis," Dr. Bryce W. Fontaine, Memphis, Tenn.

4. "Removal of Benign New Growths of the Larynx," Dr. Richmond McKinney, Memphis, Tenn.

5. Dr. J. A. Crisler, of Memphis, will read a paper on a surgical subject, the title of which has not been given.

The afternoon session will hold until time for the evening train for Memphis arrives, so there will be all the time necessary to enjoy a most interesting and instructive occasion. Several prominent members of the profession from our own State are expected, and it is desired that every member of the society will be present to help entertain the distinguished guests.

THOS. G. BREWER, Secretary.

YELL COUNTY.—The Yell County Medical Society met at Dardanelle, October 13, with eight members present. Dr. J. R. Linsey read a very interesting paper on "Uncinariasis" which was discussed by Drs. Jackson, Miller and others. Dr. S. E. Miller reported a case in which a knife blade, one and one-eighth inches in length had been imbedded in the skull and brain for seven or eight months. It was discovered by the X-Ray. The knife blade was removed and the patient recovered with no bad effects. Dr. Norborn H. Jackson reported an interesting case of gun-shot wound.

A. H. McKenzie, Secretary.

#### CIVIL SERVICE EXAMINATION.

The United States Civil Service Commission announces an examination on October 21, 1908, to secure eligibles from which to make certification to fill a vacancy in the position of aid (male), in the Division of Physical Anthropology, U. S. National Museum, at \$50 a month, and vacancies requiring similar qualifications as they may occur.

The Department states that the appointee to this position must be experienced in marking and cataloging human crania and skeletons and be able to make accurate arithmetical computations and that it prefers a man not more than 30 years of age.

MARK TWAIN ON CHRISTIAN SCIENCE.—"Christian Science," says Mark Twain, "reminds me of the apple cure for drunkenness.

In Hannibal in my boyhood the apple cure was very highly esteemed. I remember once hearing the Hannibal town drunkard expatiate on the apple cure. 'You believe in it, then, do you?' a listener asked. 'Believe in it? How can I help believin' in it?' the drunkard said excitedly. 'Ain't it cured me eight times?'"

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#### NEWS ITEMS.

##### Personal.

Dr. Joseph P. Runyan has returned from his trip to Denver and is very much improved in health.

Dr. W. P. Illing, who has been suffering from an attack of vertigo is rapidly improving and will soon be at his office again.

Dr. C. C. Price, of Douglass, was a recent visitor to Little Rock. He is contemplating moving to Virginia, his former home.

Dr. C. C. Reed, of Hensley, was in Little Rock recently.

Dr. Anderson Watkins and Dr. F. Vinson-haler, of Little Rock, will read papers at the Kansas City meeting of the Medical Association of the Southwest.

The regular quarterly examination of the State Board of Examiners of the Arkansas Medical Society, will be held in Little Rock, at the State House, on Tuesday, October 13th, at 9 o'clock a. m. Dr. M. L. Norwood, of Lockesburg, is the President and Dr. F. T. Murphy, of Brinkley, the Secretary.

The many friends of Dr. Robert L. Smith, of Russellville, will be pleased to learn of his recovery from an infection of the foot, which required amputation. He has returned to Russellville and resumed his practice.

Dr. W. B. Hughes is in the East on a vacation and attending the Clinics.

Dr. A. J. Morrissey, of New York, has recently moved to Fort Smith and opened an office at 1101 Garrison Avenue.

The regular quarterly meeting of the State Board of Medical Examiners of the Arkansas Medical Society, was held in the State House, at Little Rock, October 13. There were thirty



applicants for license. Dr. M. Fink, of Helena; Dr. M. L. Norwood, of Lockesburg; Dr. Geo. S. Brown, of Conway; and Dr. J. C. Wallis, of Arkadelphia, were present and conducted the examination.

### TEXARKANA.

TEXARKANA.—Mrs. J. A. Lightfoot has recently returned from a summer spent in Europe. Dr. Lightfoot wears a very pleasing smile since her return.

Dr. Earl Fuller, of New Boston, Texas, who graduated this year with honors from Vanderbilt University, has accepted an internship for one year at the Cotton Belt Hospital. Dr. Hugh M. Helme has also accepted an Internship at the Cotton Belt Hospital for a year. He is one of the honor graduates of the University of Texas, and his home is in El Paso.

Dr. Geo. M. Echols, of New Boston, Texas, has recently located in Texarkana.

The many friends of Dr. Nettie Klein will be pleased to know that she has fully recovered from her recent illness.

A few years ago the physicians of Texarkana set about to better equip themselves for the practice of medicine by doing an enormous amount of post-graduate work. They soon recognized that the hospital facilities of the city were wholly inadequate for doing this class of practice which they so much desired and which was rapidly increasing, as Texarkana became more and more a medical center for this section of the country. So, this year, with all the disadvantages which a panic brings, has been spent in hospital building; such hospitals, too, as will be a credit to any city when completed. The aggregate of these hospitals when completed will cost very little, if any, less than \$100,000, and every dollar of this money has come from members of the medical profession, and they are the sole owners of all the hospital facilities in the city.

Dr. G. C. Abeli is building a private hospital which will cost, with its equipment when completed, between \$12,000 and \$15,000.

The Texarkana Sanitarium and Hospital Company, composed of nine members of the

local profession, have purchased the Marx property which has been used as a hospital for the last seven years, and have completely remodeled and made additions to this institution, which will make it first class in every respect. There are two modern operating rooms amply lighted, tiled floors, marble wainscoting, sterilizing room with the same finish. The building contains seven bath rooms, some of these so arranged that they can be used in connection with certain rooms as private bath. It is lighted throughout with electricity. Each bed is provided with an electric call bell. The building will be heated by hot water and an elevator will be installed to carry patients to and from any one of the four floors of the building.

Dr. J. R. Dale purchased the residence owned by Mr. E. W. Frost, situated in one of the most beautiful locations in the city. A large part of the building has been completely torn away and additions of the most modern character are being made. This building when completed will have about forty-five rooms. Every room which is to be occupied by patients, is an outside room, amply lighted and well ventilated. Several of the rooms have been so arranged that patients will have access to private baths. The operating rooms are well lighted and are modern in every way. The floor in the halls will be of monolith. The Doctor's offices will be in an elegant suite of rooms in the building. The nurses' quarters will occupy the eastern space of the second story and will be ample. The building will be provided with dumb waiter service and practically every other modern convenience known to hospital equipment. This building when completed with its equipment will cost between \$50,000 and \$60,000, and will stand as a monument to the builder.

The Northeast Medical Society will meet in this city on November 10th, and the Tri-State Medical (Arkansas-Louisiana-Texas) will meet here on November 11th. It is to be hoped that many physicians of the three states comprising the Tri-State Society will be in attendance upon these meetings.

R. H. T. MANN, Secretary.

## MEDICAL ASSOCIATION OF THE SOUTHWEST.

The third annual meeting of the Medical Association will be held at Kansas City, October 19-21, under the presidency of Dr. Thos. E. Holland, of Hot Springs. The program is as follows:

Section of General Medicine:—Dr. F. B. Young, Chairman, Springdale, Ark.; Dr. S. S. Glasscock, Vice-Chairman, Kansas City, Kas.; Dr. C. C. Goddard, Secretary, Leavenworth, Kas.

### PROGRAM.

Chairman's Address, Dr. F. B. Young, Springdale, Ark.

1. "What is to Become of the General Practitioner," Dr. E. O. Barker, Guthrie, Okla.
2. "A Critical Review of Erlich's Side Chain Theory of Immunity," Dr. J. W. McLaughlin, Austin, Tex.
3. "Insanity as the World Sees It," Dr. C. C. Goddard, President Kansas State Medical Society, Leavenworth, Kas.
- Discussion opened by Dr. John Punton, Kansas City, Mo.
4. "Arteriosclerosis," Dr. J. T. Clegg, President Arkansas State Medical Society, Siloam Springs, Ark.
5. Paper, Dr. Chas. W. Fish, Kingfisher, Okla.
6. "Tuberculin and Tuberculin Therapy," Dr. Louis M. Warfield, St. Louis, Mo.
7. "The Relation of Physicians to Quarantine Measures," Dr. C. P. Davis, Topeka, Kas.
8. "Malignant Growths of the Rectum," Dr. W. J. McGill, St. Joseph, Mo.
9. "Diet in Hyperacidity," Dr. J. M. Bell, St. Joseph, Mo.
10. "The State's Duty to the Physician," Dr. A. H. Madry, Aurora, Mo.
11. "Chorea," Dr. M. A. Kelso, Enid, Okla.
12. "Facial Neuralgia," Dr. Joe Becton, Greenville, Tex.
13. "Treatment of Cancer of the Rectum," Dr. R. H. Barnes, St. Louis, Mo.

14. "The Diagnosis of Extra-uterine Gestation," Dr. A. R. Kieffer, President Missouri State Medical Association, St. Louis, Mo.

15. "Differential Diagnosis between Pericolitis and Chronic Appendicitis," Dr. Herman E. Pearse, Kansas City, Mo.

Section on Surgery:—Dr. Bacon Saunders, Chairman, Fort Worth, Texas; Dr. St. Cloud Cooper, Vice Chairman, Fort Smith, Arkansas; Dr. Jas. A. Foltz, Secretary, Fort Smith, Ark.

### PROGRAM.

Chairman's Address.

1. "The Operative Treatment of Hemorrhoids," Dr. W. H. Stauffer, St. Louis, Mo.
2. "Normal Salt Solution in Septic Conditions of the Peritoneum," Dr. J. M. Taylor, Fort Smith, Ark.
3. "Chorion Epithelioma," Drs. A. L. Blesh and C. B. Lee, Oklahoma City, Okla.
4. "A Discussion of the Blood Supply of the Ureters, with Especial Reference to Wertheim's Operation for Cancer of the Uterus," Dr. Jno. T. Moore, Galveston, Tex.
5. "Renal and Vesical Calculi," Dr. J. E. Gilcreest, Gainesville, Tex.
6. "The Treatment of Gastric Ulcer by Pyloric Exclusion," Dr. Willard Bartlett, St. Louis, Mo.
7. "A Case of Cancer of the Oesophagus," Dr. A. Watkins, Little Rock, Ark.
8. "Renal Calculus," Dr. D. W. Basham, Wichita, Kan.
9. "Cholelithiasis," Dr. David Myers, Lawton, Okla.
10. "Compound Dislocation of the Astragalus," Dr. C. H. Wallace, St. Joseph, Mo.
11. "The Co-Existence of the Symptoms of Appendicitis and Right Kidney and Ureteral Irritation," Dr. LeRoy Long, McAlester, Okla.
12. "Paget's Disease of the Nipple," Dr. Jno. T. Wilson, Sherman, Tex.
13. "The Roentgen Method of Diagnosis in Calculi of the Genito-Urinary Tract," with report of cases, Dr. E. H. Skinner, Kansas City, Mo.
14. "Compound Comminuted Fracture of the Patella," Dr. E. B. Osborn, Cleburne, Tex.



15. "Ectopic Gestation," Dr. J. Hutchings White, Muskogee, Okla.

16. "Accidents Occurring to the Ureters During Gynecological Operations," Dr. W. T. Elam, St. Joseph, Mo.

17. "The Business End," Dr. Fred S. Clinton, Tulsa, Okla.

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#### NEW MEMBERS OF THE ARKANSAS MEDICAL SOCIETY.

Pate, C. N., Fort Smith, Ark.

Crawford, L. D., Fort Smith, Ark.

Johnson, T. D., Fort Smith, Ark.

Parish, W. O., Rector, Ark.

Southard, J. D., Fort Smith, Ark.

Thorn, J. W., Warren, Ark.

Johnson, R. F., De Queen, Ark.

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#### CHANGE OF LOCATION.

Dr. J. W. Hassel, from Rosebud to Searcy.

Dr. A. J. Morrissey, from New York City to Fort Smith.

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#### BOOK REVIEWS.

THE PRINCIPLES OF PATHOLOGY. By J. George Adami, M. A., M. D., LL. D., F. R. S., Professor of Pathology in McGill University, and Pathologist to the Royal Victoria Hospital, Montreal, etc. Vol. I. 322 Engravings and 16 Plates. Lea & Febiger, Philadelphia and New York, 1908.

The first volume of Adami devoted to General Pathology is, in our opinion, one of the most valuable contributions to medical literature published in modern times. The work is rather unusual in its arrangement. Instead of beginning with a story of the blood and circulatory disturbances as has been usual with most continental writers on the subject, the author believing that the cell and cell changes constitute the basis of all pathological study, has devoted the first fifteen chapters to an introductory study of the Histology, Physiology and Chemistry of the cell and its relationship to morbid changes. This, in our opinion, greatly enhances

the value of the work, as it enables the student to trace all pathological changes from their true beginning.

The courses of disease are then taken up and fully discussed. The chapters on the "Causation of Morbid Conditions of Intra-Uterine and Parturient Acquirement and on monstrosities and Anomalies." are particularly interesting and valuable since the subject of Antenatal Pathology is still, so to speak, in the embryo. However, so much has been accomplished along this line in the last quarter of a century that the subject fully merits the attention given it by the author.

The chapters on Parasitology are excellent, the text being fuller and the illustrations better than is usual in works of this kind.

Having discussed the causes of disease the author now turns to the "Morbid and Reactive Processes Proper." The subjects of Inflammation and Repair, the Process of Infection, Febrile Disturbances, etc., are taken up in order and presented in a clear, sane manner which appeals particularly to the student. A review of this work be complete without mention of the masterly discussion of the subjects of Immunization and Immunity. The author devotes several chapters to this subject, the importance of which, in our opinion, fully warrants the space given it.

The rest of the volume is devoted to the subject of "The Tissue Changes." The important subject of the classification of tumors is fully discussed and the author's classification given. The various neoplasms are then taken up in order and fully described. The illustrations in this part of the book are particularly good. The chapter on the "Theories of Neoplasia," is excellent. Concerning the Parasite Theory, about which so much is being written today, the author says:

"Our present stand must be one not of absolute denial, but of agnosticism. But even granting that it is ultimately found that certain microbes set up certain orders of growth, it must be recognized that the microbial theory obviously cannot be applied to neoplasms in general."

The spirit of painstaking accuracy in the statement of facts and patient investigation of theories which pervade the whole book cannot fail to appeal to the thinking members of the profession. It is a book that no conscientious student of medicine can afford to be without.

E. P. B.

**SURGERY.** By John Allan Wyeth, M. D., LL. D. (University of Alabama.) President of the New York Academy of Medicine; President of the Medical Faculty of, and Surgeon in Chief to, the New York Polyclinic Medical School and Hospital; Ex-President of the American Medical Association, of the New York State Medical Association and the New York Pathological Society; Formerly attending Surgeon to Mt. Sinai and to St. Elizabeth's Hospitals, etc. Published by Marion Sims Wyeth & Co., 244 Lexington Avenue, New York City. Price \$6.00 delivered by express or mail without extra charge. Sold only by subscription. Address the publishers.

The Journal of the Arkansas Medical Society is glad to inform its readers of the publication of this work. The original was "Wyeth's Text Book on Surgery," and first published in 1887. This work is strictly up-to-date, and is practically new. It is a one-volume book, consisting of 828 pages, with 864 illustrations, of which 57 are colored. Who is it that does not know of Dr. John A. Wyeth? To know him, is to know one of Nature's noblemen. A cultured gentleman of the "Old School"; a scholar, a soldier, a patriot, a teacher, an author, a surgeon of recognized ability wherever the art of scientific surgery is taught. The strongest point in Dr. Wyeth's professional character is his originality, but this is safeguarded by the keenest watchfulness, coupled with an intuitive perception that stamps the man as a "Surgical Artist"—a genius. Every page of this admirable work teems with rare surgical knowledge, presented in that graceful style that characterizes the author, as the sweet and amiable gentleman whom we all love and honor.

In the production of this volume, no expense has been spared to make it acceptable to the profession. Printed on the heaviest and best

paper and neatly bound in Bancroft linen, it is an elegant specimen of the printer's art.

Dr. Wyeth's name is a sufficient guarantee to make any work a success, and this his latest effort, is the climax, and crowning epoch in the life of one of the most remarkable surgeons in the world. Arkansas is proud of the fact that Dr. Wyeth, at one time was one of its citizens. Every member of the Arkansas Medical Society—as well as the profession of the State—should have this work.

C. C. S.

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### BOOKS RECEIVED.

**Text-book of Surgical Anatomy.**—By William Francis Campbell, M. D., Professor of Anatomy at the Long Island College Hospital. Octavo of 675 pages, with 319 original illustrations. Philadelphia and London. W. B. Saunders Company, 1908. Cloth, \$5.00 net; Half Morocco.

In presenting this book to the profession, the author has successfully bestowed the essentials of surgical anatomy. He has acted in accord with the needs of the hour, and the demands of the practitioner, for a high-class treatise of this character will be fully gratified. Every region of the body is treated from an anatomical standpoint which directly and practically applies to the needs of the surgeon and clinician. The text is elegantly written, sufficiently comprehensive, yet brief enough not to become tiresome in the perusal. Together with surgical anatomy, he has in the most pleasing manner, presented practical surgical hints, surgical diagnosis and surgical pathology. In every sense it fully attains the objects for which the author has striven, and we feel assured of its immediate popularity.

W. C. D.

**Pathogenic Micro-organisms, including Bacteria and Protozoa.**—A Practical Manual for Students, Physicians and Health Officers. By William H. Park, M. D., Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (third) edition, thoroughly revised and much enlarged. Octavo, 648 pages, with 176 illustrations and 5 full-page plates. Cloth, \$3.75, net. Lea & Febiger, Philadelphia and New York, 1908.

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### *Original Articles.*

#### SECONDARY PANCREATITIS.\*

By Frank B. Young, M. D., Springdale.

It is not my purpose to go exhaustively into the subject of pancreatitis, but I wish simply to report some cases which have recently fallen under my care. It is well recognized theoretically that pancreatitis may arise from cholecystitis, the infection being carried from the common duct into the pancreatic duct by direct continuity of structure. The clinical manifestation of pancreatitis in this condition, however, is commonly marked by the concomitant gall-bladder trouble and is recognized only on operation or in the future developments of the case. Pancreatitis caused by cholecystitis is usually chronic. Mayo states that he found chronic pancreatitis in 18.5 per cent of his common-duct series, while Robson reports 50 per cent. I have had two cases in which rapidly fatal diabetes mellitus developed a short time after impaction of gallstones in the common duct. These cases were probably due to the chronic pancreatitis, which was evidenced by other symptoms, though it is claimed that diabetes is seldom caused by this form of pancreatitis as the Islands of Langerhans are not usually involved in the inflammatory process. But statistics of a large number of cases show that 6 per cent of impacted gallstone cases have a transitory glycosuria which disappears after operation, or after the stone is passed. It may readily be conceived that in at least the most severe and prolonged or repeated impactions, the damage would be such as to preclude repair. So much for this form of pancreatitis.

I wish to call attention to pancreatitis complicating mumps. I have had in my own practice this winter and spring twelve cases, the patients varying in age from seven to forty-five years, and the attack varying in severity from very mild to almost fatal. My colleagues, Drs. D. Christian and C. F. Perkins report in their prac-

tices six and two cases respectively. On March 3, 1908, Margaret H., age 7, developed mumps. I was at the house to see another case and examined this little girl, who was not very ill. Two days later the father called at my office and told me that she was suffering with severe pain in the stomach, was vomiting and was quite weak. I saw her the next morning and found her suffering with intense pain and tenderness in the epigastrium, worse at intervals, abdomen flat, not tympanitic, slight jaundice, face pale and pinched, temperature 99 degrees, pulse fast and weak, vomiting, constipated and passing little urine. It was very evident that she was dangerously sick. On my visit the next morning the condition was much the same, though more pronounced. Dr. D. Christian was called in consultation that evening and we decided that she had acute pancreatitis. Her condition remained exceedingly grave until March 9th, when she began to improve gradually, being able to sit up on March 13. During her convalescence her brother had a similar attack though of much less severity. Beside these two, I had ten other cases of mumps who showed pain and tenderness in the epigastrium, constipation with free fat in the stools, vomiting, more or less collapse, temperature ranging from 97 to 100 degrees, pulse weak and fast; slight, and in one case, marked jaundice; abdomen flat or scaphoid. These symptoms lasted from two to six days and then gradual improvement began, followed usually by a protracted and tedious convalescence, the patient usually remaining quite weak for two or three weeks.

The treatment instituted in all these cases was small doses of calomel, followed by salines, then by sodium phosphate in hot water. Enemata were used when necessary. Of course sustaining treatment was freely used during the heights of the attack, and tonics in convalescence. Morphine had to be used to control pain in nearly all the cases. No food was given during the height of the attack, but feeding was carefully recommended after vomiting was controlled.

Acute pancreatitis must be differentiated from gallstone colic, acute gastritis, acute intestinal

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\*Read in the Section on Practice at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

obstruction, and acute inflammatory affections of the liver and gallbladder and perforation. This can usually be readily done by the history, symptoms and physical signs. In the form of chronic pancreatitis due to cholecystitis or gallstones, operation is the only treatment indicated and gives excellent results. I have found pancreatitis as a complication of mumps referred to in only two of the text-books at my command: Hare's Practice and Osler's Modern Medicine. Both these works quote Simon's report of ten cases of pancreatitis in 652 cases of mumps, and Cuche's observation of epigastric tenderness in 20 out of 26 cases.

It had not been my fortune to have my attention called to this condition until this series of cases presented. The condition is evidently rare and is seldom mentioned in the standard text-books, as its marked severity would justify if of common occurrence.

The pancreatitis is probably not a metastasis, but due to coincident infection of both parotids and pancreas. This is not surprising when we remember that the parotids and pancreas are very similar in both histology and function. In fact the pancreas is often called the abdominal salivary gland. Of course not knowing the infective agent of mumps we cannot demonstrate its action.

Exposure seemed to bear a causative relation to most, if not all, my cases of pancreatitis complicating mumps. During the time of this epidemic the weather was very bad and nearly all these patients gave a history of more or less exposure. Sugar was not present in the urine of any of these cases.

#### A CALCIFIED FIBROMA OF THE OVARY.\*

By Anderson Watkins, M. D., Little Rock.

I have here two specimens which are somewhat unusual, and I hope you will be interested in the history. They were removed from a patient who applied for examination February 15, 1908. She is a negress, about 35 years of age, twice married. She has been generally healthy with the exception of a goiter, which appeared during her 19th year. The gland enlarged slowly up to about a year ago, when it took on a more rapid growth; at times it is larger or smaller. There is no history of Grave's disease. The patient has five children, the eldest 11 years of age, being a congenital imbecile; the youngest 18 months old, has a congenital right brachial palsy. There have been no miscarriages. Menstrual history is normal, with the following exception: the flow reappeared at the usual time after the birth of the

last child, but since last November there has been no show. Her last husband died in the spring of 1907. Venereal history is vague.

**Present Illness.**—During the early part of last year various nervous and emotional symptoms appeared. Her bowels have been constive for two years. During last October she felt pain and noticed a "knot" in her left groin. She has lost flesh and strength. There was intense pain in the pelvis and partial obstruction apparently in the rectum. She has backache; there is no complaint of painful or difficult micturition.

**Examination.**—The patient is a negress of the poorer class and low order of mentality. She is of a brown color, the mucous membranes are pale and there is thinness to emaciation. The thyroid is considerably and symmetrically enlarged. There are no ocular nor palpebral abnormalities nor tachycardia. The temperature is normal and the pulse 80, small and weak, though regular. The radial artery is found to be harder than normal. Syphilitic evidences are lacking.

The thorax and abdomen are apparently normal. Deep pressure over the pelvis elicits pain, more intense to the left of the median line. External palpation does not reveal any perceptible enlargement. Upon vaginal examination we find a relaxed perineum and an old cervical laceration with hardening. We note that the uterus is slightly larger than normal, is tender and retroverted. The right ovary, about the size of a hickory nut, is palpable, low in the pelvis. The left ovary can not be found. In the cul-de-sac is a very hard, nodular mass, resting upon the rectum, either posterior to or connected with the fundus. It is about the size of a small orange, very hard, apparently rounded, with irregular nodulations and immovable by ordinary digital pressure. Attempts to dislodge the tumor cause intense pain. By a finger in the rectum, the extra-rectal location of the mass is proven. The urine showed no albumen nor sugar. A few hyaline casts and numerous crystals of oxalate of lime were found.

After such a statement one can realize the diagnostic possibilities, among which are enlarged glands, very dense fibro-myomata, old pelvic exudate, ovarian tumor or even sacral exostoses. After three weeks treatment with tonics and diet the abdomen was opened by the usual incision. Several conditions were found. There was in the first place no recent nor old peritonitis. The uterus did not vary from the normal to any important degree except in its retroversion. In the cul-de-sac was the mass found by vaginal examination, but contrary to our expectations, it was easily lifted from its bed. It was of the size you see here, hard, covered by a thin peritoneal investment and attached by a rather long pedicle in which were the ovarian artery and ligament. A

\*Read in the Section on Surgery at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.



twisted Fallopian tube was in close proximity. These anatomical features, combined with the absence of any ovary upon the left side pointed to the tumor as a pathological left ovary. The right ovary was also enlarged and hard upon its interior. Both were easily removed as were also the elongated, thickened and twisted tubes. We suspended the uterus ventrally.

The abdominal incision healed in a few days and the patient made a slow but sure progress to health. She complained of some rectal tenesmus which I attribute to altered circulatory conditions consequent upon removal of pressure from the rectum.

The Specimens (Exhibition of specimens.—The larger specimen is irregularly rounded in shape measuring 6.75 c. m. in the longest diameter, is 6.25 c. m. wide and 40 c. m. in thickness. It has the remains of a pedicle at one part from which spreads a thin peritoneal covering. Underneath the pink covering the surface is whitish and nodular, the nodules varying from the size of a pea to that of a marble. A few blood vessels ramify upon the covering. On section the interior is found to be as hard as bone, and shows an arrangement as if it contained several small petrified tumors. These tumors, or whorls, are brown and surrounded by a thin, white capsule. However, you will observe all parts are densely hard. A crude chemical examination revealed the fact that the specimen contains both an animal and a mineral substance; the former chars upon burning, is not soluble in water, acid solutions, strong acids, alcohol, chloroform, ether or benzine. The latter, that is the mineral, is calcium carbonate.

The smaller ovary on section showed very little ovarian tissue, the bulk being of fibrous structure and containing numerous small calcareous areas. A piece was hardened in Zenker, decalcified, imbedded in celloidin, cut and stained with eosin and hematoxylin. The sections contained a small amount of ovarian tissue toward one edge; a few immature Graffian follicles were found and I noted a round cell infiltration in this part. At the inner border one could perceive numerous connective tissue fibers merging into the remaining tissue. The rest of the section is composed of whorls, or bundles of connective tissue, all of which have undergone a hyaline degeneration. The fibrillary arrangement can yet be seen in many parts. Very few nuclei can be found except in the portion of partially normal tissue first described. In addition there are many areas of calcareous infiltration which takes the hematoxylin; some are larger, homogeneous masses, others show the method of deposit, namely, after hya-

line degeneration, or coincident with it, the calcium is evidently laid down in the direction of the connective tissue fibrils, taking the appearance of whorls, bundles or ferns of dark blue threads. In some of the remaining nuclei one can see small lime deposits. There are very few blood spaces which can be found in the more cellular edge of the section. Evidently this specimen is a fibroma of the ovary, which has undergone a hyaline degeneration and is infiltrated with a lime salt. I take it that the larger ovary, consisting of multiple fibromata, the whole of which is infiltrated with calcium carbonate, is illustrated as to formation by the smaller specimen.

Now there are several interesting points about this case. In the first place ovarian fibromata are uncommon, and such a complete calcification as we note in the left ovary is yet more rare, though fibromata in general are at times the subject of various degenerative processes, lime deposits among others. The petrification in the greater tumor must surely have been years in occurrence, but we only get a history of symptoms dating backward within two years. The menstrual history is also of interest; you will remember that menstruation occurred last about 3½ months before operation. This function could only have been caused from the right ovary, which itself exhibited remarkably little ovarian tissue to have been of such physiological activity.

There may or may not have been some definite relationship between the patient's general condition and the pelvic pathology. She possesses a benign thyroid enlargement, her arteries are harder than normal, her urine repeatedly exhibited calcium oxalate crystals and she carried ovarian tumors which contained deposits of calcium carbonate. The subject of metabolism is too unsettled and abstruse for definite statements and we gain nothing by mere speculation. However, the association of lesions is worthy of note.

Last but not least is the diagnosis. It seems to me that it would be impossible to learn the exact nature of the mass felt through the vagina without an incision. One could only state, as we did, that the lesion might be one of several. But we were still further deceived as to the mobility of the tumor. To ordinary digital pressure, such as one could safely use in a vaginal examination, the mass was immovable. Yet after opening the abdomen there was no trouble in lifting the ovary from the cul-de-sac and it was absolutely non-adherent, the only attachment being its pedicle. In other words, once more were we confronted by an inability to arrive at a positive diagnosis.

## ACUTE CATARRHAL BRONCHITIS.\*

By J. A. Robertson, M. D., Hot Springs.

In preparing a paper on this subject, I shall not attempt a compilation of clinical data gathered from different authorities at my disposal, but shall set forth some of my personal experience.

Acute bronchitis is an acute catarrhal inflammation of the tracheal, laryngeal and bronchial mucous membrane, almost always bilateral and affecting mainly the first and second divisions of the bronchi. The most frequent cause is the exposure to cold or sudden chilling of the body. It is characterized by fever, substernal pains, a feeling of constriction about the chest, oppression in breathing, and, at first, scanty, followed by more or less profuse expectoration. Inflammation may extend from the nasal, pharyngeal and laryngeal mucous membrane during an attack of coryza, and set up an acute bronchitis. In measles and influenza it is almost always a symptom.

Acute catarrhal bronchitis is more frequent in childhood and old age, and where there exists a strong tendency to catarrh of the mucous membrane in general, and particularly the bronchial mucous membrane. It is very common in this and other climates characterized by considerable moisture of the atmosphere and sudden barometric changes. There is hyperemia of the mucous membrane of the bronchial tubes manifested by a diffused redness, swelling, edema and diminished secretion. This is followed by an increased secretion and the expectoration changes to a yellowish color.

The invasion is characterized by the usual symptoms of cold, such as coryza, sore throat, sneezing, hoarseness, pain in the back, limbs, and even the body. Pain and constriction are experienced under the sternum and about the chest, amounting to almost a dyspnoea in some cases. Cough is constant and from the outset, at first dry but changing as the disease progresses. The expectoration is at first small in quantity, almost transparent, frothy and often streaked with blood. As the disease progresses it becomes more abundant, of a yellowish or greenish-yellow color and of a very tenacious consistency. If the attack is a severe one, the temperature may run to 102-1-2 degrees or even higher during the first twenty-four hours. Ordinarily, however, the temperature would range from 100 to 101 degrees. My observation is that the temperature is in proportion to the extent of mucous membrane affected or complications existing. The pulse is usually out of proportion to the temperature for the first few days. If this continues beyond four or five days, you may look out for complications, espe-

cially of the smaller bronchi. Percussion is normal except in cases where the bronchial glands are involved, when irregular spots of dullness can be detected.

For a diagnosis I shall refer you to the standard text-books where each one can read for himself. I shall say, however, that to take a text-book and read the symptoms of acute catarrhal bronchitis and the diseases from which it is to be differentiated, it seems easy enough, but when at the bedside we too often treat the symptoms lightly and make a hurried examination, thereby overlooking some very important early symptoms on which might hinge a correct diagnosis and consequent successful treatment.

I would like to impress on you, gentlemen, the possibility of confounding acute bronchitis with acute tuberculosis. In fact, one of the principle points I wish to emphasize in this paper is a sure and thorough early diagnosis. In the diagnosis of this disease I wish to speak in positive terms as to the great usefulness of the microscope. I have seen cases that I thought were acute catarrhal bronchitis, that proved a little later to be acute tuberculosis. And no doubt they were tuberculosis from the beginning and I just failed to recognize them as such. There is no disease that makes such heavy demands on our skill, tact and general ability to take close and accurate inventory of our patient's exact physical condition. What one among us who has had a few years' experience, has not seen the simple bronchitis in an anemic or scrofulous swiftly followed by tuberculosis of the lung? It is frequently the case that a patient has succeeded in withstanding the ravages of a severe attack of la grippe, only to be caught by tubercular disease that quickly ends the scene.

As I have before remarked, my first object in writing this paper is to impress on you the importance of an early diagnosis, and then, after you have made that diagnosis, treat the case vigorously until you have conquered the inflammatory and all other symptoms.

When I have made my diagnosis as acute catarrhal bronchitis, I begin treatment by putting my patient to bed to remain there, if possible, until perfectly convalescent. I then give a thorough purgative where it is indicated. If patient is bilious, calomel is indicated. If a mercurial is not needed or indicated, I frequently clear out the alimentary canal with a dose of magnesium sulphate, to be repeated when needed. I do not wait for this to act, but begin in a little while with the indicated sedative remedy. In the majority of cases among children aconite is the one indicated. In this connection, allow me to say that I select my arterial sedative according to frequency and volume of the pulse. If the pulse



is full and heavy and fever high, I would give - Norwood's tincture of veratrum viride in small and frequently repeated doses. By giving veratrum this way, you not only control fever and inflammation, but you avoid the nausea and depression that is apt to follow larger doses. If the pulse is small and frequent, I prefer aconite in small and frequently repeated doses. For a child, six months to one or two years old, I would prescribe five to ten drops of a good fluid extract in four to six ounces of water, and give one or two small teaspoonfuls every twenty to thirty minutes for the first twelve to thirty-six hours, at which time I should expect to have under control all the acute inflammation. To this I would add some tincture of belladonna, enough to flush the face somewhat, and especially is this indicated if there is much chilliness and other evidences of capillary congestion. If the pulse lacks in force, I add to my sedative, digitalis or strychnine arsenate as indicated. Counter-irritation with mustard or hot water compresses in the first stages will frequently work wonders and should not be forgotten. If the mucous membranes are very dry, I should also add to the aconite or other sedative, a little tincture or wine of ipecac. If cough is dry with pleuritic pains and soreness across the chest, I would give my patient byronia by preference. For very severe pains, an occasional dose of Dover's powder will prove a very soothing agent in some cases.

Where the indicated sedative is pushed in the first stages, we do not usually have any complication so painful as to call for or necessitate an opiate. If the cough is dry and occurs in paroxysms, belladonna and ammonium bromide in combination is good. Where there seems to be no remission of cough but a continuous hacking and harassing one, I have found that heroin hydrochloride or codeine phosphate gave very prompt temporary relief. When there is an abundance of secretion, another line of treatment or remedies is to be thought of. The old time honored ammonium chloride is good here, and to this you may add the heroin or codeine and syrup glycyerrhiza to make a cough mixture that is not only fairly palatable, but quite efficient. The iodide of antimony I have found acted nicely in some cases.

Gentlemen, as each of you no doubt have in your mind some pet remedy, I shall not further burden you along this line of treatment. Go ahead and meet the indications as they come up. In conclusion, let me recapitulate: First, be sure of your diagnosis and then treat the acute symptoms fast and faithfully until all evidence of bronchial hyperemia and catarrh have disappeared. If in bringing this time-worn subject before you at the present time, with the admoni-

tion that you be careful in your diagnosis and faithful and persistent in your treatment of acute catarrhal bronchitis, thereby saving one patient from suffering and a premature death, I shall have been well paid for the time spent in preparing this paper.

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### TREATMENT OF PNEUMONIA.\*

By John W. Melton, M. D., Alum.

In presenting this paper, I have no apologies to offer for the subject chosen, because pneumonia is a very common disease, highly destructive, and if there is any advancement in the prevention, cure or management of pneumonic cases, I think those in possession of such knowledge certainly should be willing and ready to impart it to the members of our medical societies. I do not assume to have made any advancement along this line greater than the ordinary physician, nor have I done more than keep abreast of the progressiveness of the average physician. I simply wish to call your attention to a few of the many salient points in the prophylaxis, cure and alleviation of this disease.

I will first call your attention to the prophylaxis of pneumonia. Pneumonia being an infectious disease, it becomes the physician's duty, when called to see a case, to at once proceed to take the usual precautionary methods to prevent the spread of the infection by, as far as possible, isolating the patient, allowing those only who are on duty as nurses to visit the sick room, removing all source of infection from the sputum by the use of antiseptics, having the patient expectorate into suitable receptacle and the expectoration immediately burned.

As regards the cure of pneumonia I am aware of the fact that this is a much disputed point by the writers of the present day, and, this being true, I fear I shall elicit some opposition when I take the position that pneumonia is a curable disease. However, knowing this to be the case, I believe, in a fairly good percent of our cases if we could see them early during or immediately after the initial chill, we could abort or cure them all. Believing that pneumonia is a curable disease, when I am called to attend a case, I commonly give my patient, especially if he be robust and strong, the advantage of the abortive treatment, which is given along the following lines:

1st. A purgative consisting of calomel, pulverized ipecac and soda bicarbonate, followed with a saline laxative.

2nd. For the fever and high arterial pressure, tincture aconite or veratrum.

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\*Read in the Section on Practice, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

3rd. The application of an old time fly-plaster over the congested pulmonary areas.

4th. Purgative, followed with liberal doses of quinine and Dover's powder, which had been preceded with morphine or heroin hypodermatically for the pain usually present during this stage.

If called to see a case of pneumonia during the second stage, or later, I invariably endeavor to keep well in mind that I have a patient to treat who has pneumonia, and not a pneumonia *per se*. During the second and third stages I endeavor to look well after the excretory organs, give occasional doses of calomel and saline laxatives to aid the elimination of the toxic products from the body, combat the fever with quinine and cold packs, or, what is less efficient and perhaps far more potent for evil, tincture aconite and digitalis.

I never give an antipyretic in pneumonia when the temperature is below 101° as I believe a certain amount of fever beneficial. I keep up counter-irritation over the consolidated area, relieve the pain by morphine hypodermically or Dover's powder internally. I look well to the nourishment of my patient, giving food regularly every three hours, even if I have to awake patient to do so. As nourishment I give egg-nog or milk punch. As a heart stimulant I give strychnia, tincture digitalis and aromatic spirits of ammonia and alcohol, all of which have their respective spheres of usefulness. The details of administration I will not go into.

One very important factor in the treatment of pneumonia is the mean, or average temperature of the sick room. I find it very difficult in many cases to get the proper temperature maintained for any given or definite time. I advocate sunlight and pure air for pneumonia patients, and strongly insist upon the temperature of the room being kept at the proper temperature.

I invariably give what we please to term the antiseptic treatment for pneumonia. To an adult 5 minims of creosotal every five hours; or, what I believe to be more potent for good, although I have not tested it as thoroughly as I would like, guaiacol. I usually take 12 drops of guaiacol and with the index finger of the right hand thoroughly rub into the skin over the area of lung involvement and repeat every twelve hours as needed. Usually we find shortly after the application of this remedy the temperature will subside several degrees, the pain and restlessness disappear, and on the second to the fourth application the patient will be so far improved that it will not be necessary to repeat the treatment.

Allow me to say in conclusion, that I have no cut-and-dried treatment for pneumonia, treating every case upon its individual indications, and while certain that this paper will produce some

criticism, and perhaps justly so, I hope that I have impressed you with the importance of the prophylaxis in pneumonia. For fear this society can find no other commendable feature in this paper I will close before I destroy perhaps the only available commendation merited, to-wit, its brevity.

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#### TREATMENT OF PNEUMONIA.\*

By H. H. Niehuss, M. D., Wesson.

The victims of pneumococcic infection are the ones most dreaded by the physician, and the ones from which there is always an enormously high death rate. Doubtless it is true that a great number of the victims who succumb to pneumonia are intelligently treated, if such is possible; yet, when we sit down in our study and think of how many different remedies are used, and in how many different ways the numerous remedies are used and abused, it certainly does not look very favorable for a good balance on the right side when the final Judgment Day comes. It is the one disease, or I might say the one acute disease, which has been before the profession continuously and particularly conspicuous with its frequency, that has completely baffled physicians. Our antitoxins have been experimented with only to be cast aside as a part of the history of medicine.

It is needless to attempt to mention the different methods of treating the disease from early history up to the present day, and it would require an encyclopedia to outline the different modes of treatment practiced at this day and time. Today there are so many different ways in which the disease is treated that it does not seem possible that the laity could have any confidence in the profession were they to know and realize how the profession stands on this subject. Well it is that we Americans are free to think and to do as our better judgment tells us, also that we are taught and inspired to breathe confidence as we acquire experience and practice, which adds so much to our ability to retain an equilibrium in our mental faculties and to administer and direct as our mental faculties dictate when in their normal working state. However, it is not an infrequent occurrence for a physician to lack confidence in himself and lose his equilibrium of mind. When this state of affairs exists in the handling of a patient, whether a victim of pneumonia or any other disease, that patient is merely the subject of a "guessing jumping-jack," with the answers to the "guess" locked within the icy walls of an undertaker's establishment. True it is, we have men in our field who are not worthy

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\*Read in the Section on Practice, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.



of any confidence, for they are absolutely ignorant and unfamiliar with the seed that sprouts confidence; but it is also a fact that we have many men who should be and are fairly competent, but for lack of confidence, neither they nor their patients receive the benefit which should be derived from their knowledge. Now, you ask why I have so much to say about confidence. Just simply because therein lies one of the secrets of the practice of medicine. Upon that depends whether you give your patient such treatment as your intellectual faculties dictate and allow Nature, who is our greatest physician, to perform her alwise "stunts." After you have done as above stated, you continue to do or allow to be done numerous other things, apparently or probably harmless, or of no value. Remember that you are the physician in charge, you are the man licensed to care for the life of the individual and to carry the responsibilities, and you must be master of the ceremonies, or submit your rights. Also remember, if you please, that that which does no good does harm; so be considerate in what you do and do it well.

Here another valuable point comes to my mind for consideration, and that is the fact that, when giving a drug or remedy for any cause you should always think well of its many physiological effects on the different organs and tissues of the body—as to whether or not it will counteract the effects of some other remedy or some act of nature, or do some injustice to organs or tissues which might be called in to lend a helping hand ere the crisis is reached. Are these points worthy of your consideration? If they are, you indeed have no easy task to perform in any case no matter how well it may behave from the beginning; for we may suspect numerous complications to arise and we must be watchful, keen of perceptibility and ready to act.

In going into the treatment in detail, or as nearly so as I deem it wise—we can not go too much into detail without seeing each individual patient and taking into consideration all points of interest—we might first mention cleanliness, which needs no comments; then ventilation which is indeed of vast importance, plenty of fresh pure air, the proper cheerful surroundings to prevent any worry or melancholy, and an effort should be made to distract the patient's mind from his body as much as possible. The diet is indeed an essential matter not to be overlooked. In most cases I find nothing better than the juice of an orange, the white of a raw egg, some sugar, ice and water. This is palatable, easily digested and assimilated and is very nourishing if given every four to six hours. It is all that is required, but whatever the diet be, be sure that it is digested and assimilated, and that the waste products are

thrown off from the intestinal canal and kidneys. If the bowels are not emptied as they should be, and there be reabsorption of toxic material, as is often the case, there may result a toxemia, and again your foothold will be lost. So while the bowels may not be so bold in taking up arms against us, yet they are treacherous and deserve close watching, as well as do the liver, kidneys, stomach, etc.

As for local applications, water is worthy of much consideration in controlling the temperature and cleansing and keeping the skin in good order. Ice is at times used to a great advantage in severe headache or high temperature. I have long since lost faith in such local applications as plasters and poultices in their many forms. For severe pleuritic pains, ice bags, hot water bottles or adhesive bandages are very serviceable.

In the beginning, it is necessary to give a good calomel purge, after which the secretory organs should be looked after closely. Then, unless there is a strong bounding pulse, high temperature and delirium, it is seldom necessary to give anything in the way of drugs to reduce the heart's action or the temperature. This condition can usually be prevented if you get to your patient in time, but it usually exists when you are called in about the third or fourth day to see a patient who has not had the proper treatment, care and diet. In such cases we are compelled to resort to something to relieve that condition and there is probably nothing better than veratrin and strychnine, or digitalin, which will soften and slow the pulse, reduce the temperature and relieve the delirium. In many cases it is not necessary to use either strychnine or digitalin throughout the illness, but strychnine comes in very happily in the latter stages and is in no way objectionable. Do not use expectorants, unless hot black coffee may be so called, and use sedatives as lightly as possible. Whiskey is indeed a valuable remedy in the latter stages and is quite worthy of mention.

For almost three years I have used quinine quite extensively and in different ways, and I can not but speak favorably of its being a valuable remedy if properly used. I do not use it to excess, but use it to control the disease. I use it from the beginning to the end of the disease, unless there develops some condition which contra-indicates its use. I begin using it immediately after the usual calomel purge, giving from three to four grains every four hours throughout the disease. In cases where I have so administered quinine, I have had none to develop that strong bounding pulse, high temperature and delirium, and in the latter part of the disease there was a good pulse. In some cases where I administered quinine I did not have to use veratrin or any similar drug to control temperature and pulse, nor did I have

to use practically any stimulants other than quinine in the latter part of the disease. It may be possible that I am wrong in trusting quinine as I do; but, if so, I am open for conviction, though I do believe that too often there is too much done—the patient over-treated. I believe in giving Nature every opportunity to aid and to give such diet as you are sure will be digested and assimilated, and not absorbed as a toxic substance, or act as an irritant in the intestinal canal. Do not use coal-tar preparations under any circumstances, and treat all complications guardedly. Be positive in giving directions and do not yield too readily to requests to treat all minor ailments or complications to satisfy the anxiety of the attendants and relatives.

#### DISCUSSION.

Dr. Lindsey, Little Rock:—Pneumonia is one of the oldest diseases mentioned in the history of medicine. Hippocrates in his writings speaks of "a disease that was rapidly fatal and of sputa of various colors," which was evidently pneumonia. But in 1820 that great modern pathologist, Laennec, separated pneumonia from pleurisy, showing they were two distinct and separate diseases. Not until then could the percentage of pneumonia be properly given. Laennec also divided pneumonia into three stages, which to this day has not been changed, making the diagnosis easy and the pathology plain. He said that of the young, healthy, robust subjects who had pneumonia, about 75 per cent would get well regardless of the treatment used; and of the old, dissipated, anemic or feeble subjects, 25 per cent to 75 per cent would die regardless of treatment.

One of the best papers I have ever heard read was by Ingalls, of Chicago, at the American Medical Association, at Saratoga, N. Y., in 1902. He gave an account of fifteen months service at Cook's County Hospital, Chicago, during which time there were over 1,100 cases of pneumonia, with over 400 deaths, a mortality of about 37 1-2 per cent. He accounted for the large death rate by its being a charity hospital and all classes of cases were brought into it. The doctors and nurses connected with hospitals believe that pneumonia is a self-limited disease, and it mattered not what treatment they pursued, the result would be the same. He said he believed that it was a self-limited disease, but he was not so pessimistic in his views as to believe that nothing could be done to relieve the suffering or to tide the patients over rough places. Dr. Osler, in discussing this paper, said that it was a burning shame that the mortality of pneumonia could not be reduced lower than it was; that today 25 per cent was the average in all charity hospi-

tals and this had been the mortality throughout the age of medicine.

Fraenkel, 25 years ago, discovered diplococcus pneumoniae, a little microscopical animal found in the mouth, throat and lungs of persons infected with pneumonia. From them it is expectorated on floors, ground, streets, roads, etc. This little single-cell animal is found in over 90 per cent of all cases of croupus pneumonia, and is believed by all thinking and investigating pathologists to be the true cause of pneumonia. When the sputa of the individual containing the diplococci are thrown out, it becomes dry, is taken up by the air, inhaled into the lungs, and if it finds a suitable pabulum on the mucous lining of the air vesicles and bronchial capillaries, the diplococci increase, grow rapidly, producing a local irritation and inflammation and generating a toxin (poison) which is taken up by the blood, causing a systemic disease.

Laennec has thoroughly demonstrated the pathological conditions in pneumonia and made the diagnosis clear. Fraenkel has shown the etiological factor, how the local condition is produced and the toxins generated to produce systemic conditions. Then, knowing the cause of pneumonia, what would be suggested as rational treatment?

1st. Prevent these little animals from getting into the lungs. This is done by destroying or disinfecting the sputa. Burn everything that can be burned, and disinfect whatever else is in the room with the patient.

2nd. Destroy the little germs. We have no way of getting to them, therefore this cannot be done.

3rd. Render the tissues immune to them and their toxins.

In diphtheria we have the anti-toxine that renders the tissues immune to Klebs-Loeffer germs—they perish for the lack of something to live upon; but the pneumococcic serum has proved a failure and we have no means nor remedies by which we can hope to counteract the effects of pneumonia.

From time immemorial, or since I can remember, it has been calomel for elimination and an abominable blister plaster. Oh! these damnable blister plasters! I talked with my friend, Dr. Clegg, when we started out to practice medicine on the Arkansas river. He said he carried calomel, quinine, aconite and a roll or box of blistering cerates. He gave calomel to purge, quinine to counteract malaria, aconite to reduce fever. I have seen some of his blister plasters that looked like a saddle-blanket. I cannot see now what they were for unless to skin the patient. I think it is the experience of us all that calomel is one of the best methods we have for eliminating toxins from the body. But how could purging eliminate these little bacteria from the side?



Can you do it by blistering or by Denver mud, of which tons are being shipped here every year? It is a sticky, disagreeable remedy but much more humane than blistering. Can it take anything from the lungs? No. Quinine is and has been extolled for its curative effect in pneumonia. It will do good if malaria complicates the case. It destroys the plasmodium which is in the blood; but as a specific for pneumonia it does no good. It is all nonsense to talk about treatment of pneumonia. We have none.

Dr. D. C. Walt, Little Rock:—I hope you will pardon me if I allude to the open air treatment in this condition which, in my opinion, is the most logical one. Oxygen is supplied more freely, consequently, it will assist in getting rid of the waste carbon. Then you can afford to stop feeding your patient. You stop putting in the material that will tend to increase the inflammation that produces the poison. Get the skin to acting and by its eliminating process assist in getting rid of one of the greatest disturbances—retained waste. I do not think we can get uniform results if the skin is neglected. At present there is no such thing as a specific and will never be; but there is a reasonable deduction from cause to effect. Why is it some patients will have a severe pneumonia, while others will not have it so severe? I think it is frequently on account of the waste that is in the economy.

As far as antipyrin is concerned, I do not think it will do any good, unless you give it with the idea in view of relieving the engorgement and equalizing the pressure of the blood. Frequently you have contraction of the periphery and extravasation of the blood that is left. The extremities are cold and the blood is thrown back upon the deeper organs, and the lungs become completely hepatized; and you have disturbance of metabolism in the same proportion.

I think if we study the therapeutic effect upon the vaso-motor structure, it will afford a practical way to commence the training requisite to

judge the symptoms of pneumonia. So far as getting results in pneumonia is concerned, I am positive I have. If I stand alone, I say it. As to whether my assertion after twenty-five years of pretty active work is worth anything it is for every one to consider for himself; and I leave it to your individual opinion.

Dr. Oleander Howton, of Osceola, attached but little faith to the so-called "specifics," and abortive treatment, but relied more on the beneficial effects of the oxygen found in fresh air. Mild doses of calomel to keep the liver secreting and the intestinal canal clear should never be overlooked as an important step in treatment.

Dr. Melton, in closing the discussion, emphasized the value of counter-irritation with fly-plaster. In reply to the criticism by Dr. Lindsey, he claimed that the toxins were not eliminated by its application, but did know from experience that pulmonary engorgement was relieved, thereby facilitating and stimulating respiration. Cough is stimulated and bronchial obstruction relieved. He said it was absurd to condemn blistering because it did not meet every condition.

Now as to the abortive treatment. Dr. Howton seems to think it a misnomer; that we are mistaken in our diagnosis. Possibly we are in some instances. As for myself, I am not so situated that I can have all my cases of pneumonia examined microscopically, but, nevertheless, I have cases that commence on exactly the same lines, and the symptoms are the same in every particular as the cases that run through and prove to be pneumonia beyond doubt; and where I have applied the treatment I have outlined, they have failed to go into the second stage. Whether I aborted them, or whether it was a counterfeit production; whether it was an effort of the will-power that prevented them from going further I would not say. It may be that they had in their person a certain amount of resisting power over and above the toxic poison of the invasion.

I thank you for your favorable comment and friendly criticism.

# THE JOURNAL

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### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### MEDICAL LEGISLATION.

In January the Arkansas Legislature will meet again in biennial session to enact laws for the benefit of all citizens of the state, and it is high time that the various committees authorized by the House of Delegates of the Arkansas Medical Society and appointed by the President, begin to exhibit some signs of activity and show evidence of their interest in the obligations laid upon them by the State Society. If any medical legislation is to be undertaken this winter, and we presume there will be, it is none too early to begin to mature plans for the battle—for a battle it will inevitably be. Those in whose hands medical legislative matters have been entrusted, should hold as many conferences as are necessary to thoroughly mature their plans long in advance of the convening of the session. The State Society confidently expects the Committee on State Legislation and Public Policy, working conjointly and in harmony with the other special committees delegated to do certain work, to

execute its wishes as expressed by certain resolutions adopted at the last session.

It is quite generally understood that the Committee on State Legislation and Public Policy will present for passage a bill amendatory of the present law creating a State Board of Medical Examiners. The present law is grossly defective in many instances, the most notable one being the total lack of educational requirements of candidates for certificates to practice.

We are morally certain that every member of the three Examining Boards is committed to amending the law so as to allow only graduates of recognized and reputable medical colleges to apply for examination. We have always held, with possibly few exceptions, that all undergraduates, and certainly all undergraduates who have taken only two courses of lectures, are incompetent to practice medicine and surgery; and to license such candidates is to impose upon the confidence of the public, whose interests should be religiously safeguarded by the Board.

The Arkansas Electic Association at its last annual session passed a resolution committing its members to support such an amendment as will be proposed, and with the united support of the Homeopathic Board, it ought to be an easy matter to get the desired legislation.

Whether there will be an effort to consolidate the three Boards into one, is a question yet to be worked out. In view of the harmony that now prevails amongst all schools, and the gradually lessened importance attached to Materia Medica and Therapeutics and methods of practice, there does seem to be no excuse whatever for more than one Examining Board. If the proposed bill promulgated by the Committee on Medical Legislation of the American Medical Association should be adopted, and it is the one to which the State Society is committed, it will be a red-letter day in medical legislation in Arkansas.

President Stephenson in his annual address recommended that a committee be appointed to prepare a bill to be presented to the next Legislature looking to the conversion of the old State House into a charity hospital. The House of Delegates unanimously favored the suggestion



and provided for the appointment of a committee to whom this matter is entrusted. At the head of the Committee on State Charity Hospital is a man who is thoroughly committed to the movement and will leave no stone unturned to carry out the project to success. That there will be considerable opposition to this bill is already apparent, the Electric Association already being on record as opposing it. If the grounds upon which their opposition was based were made in sincerity namely, that the site is bad and the old buildings unsuited for hospital purposes, there should be little or no difficulty in convincing them of their error, and their opposition should be turned into active support for the bill. Every doctor in the State, as well as every medical organization, must become the ally of the movement if success is to be assured. If this opportunity should be lost at this time, it would be safe to prophesy that the youngest man in the profession today will long have passed away before the State will build and equip a new hospital from the ground up.

Opposition to the proposed bill is not confined to the profession. The strongest opposition will come from those who are bent on preserving the old State House for a museum for war relics and historic purposes—the patriotic sentimentalists. Ever since it was first determined to build a new State House and forsake the old one, the Arkansas Federation of Women's Clubs has kept this, their "heart's desire," prominently before the public, and a sentiment in their favor has already been created that will have to be seriously reckoned with. The old and corroding mass of brick and mortar is supposed to be hedged about with a halo, to disturb which for any other than museum purposes is, in the minds of some, an act but little less grave than sacrilege. To rearrange the stones and brick, to build partitions, to renovate and equip for hospital purposes would not be a "ruthless trespass upon those things made holy and sacred by time and honorable history." But that spirit which insists on preserving to posterity intact those things which link the long past to the present and distant future, is calculated to sway a legislature at the psychological moment, and

the power of this lever may prove sufficient to bring to naught all honest and unselfish efforts to make of "historic rubbish" a temple in which the poor sick may receive free treatment.

Politicians are not usually averse to any gentle zephyr that might blow them something good in the way of personal preferment or political advantage, and there is nothing so apt to incite their lachrymal glands to increased action as an appeal to their southern pride and manhood. This force must be truced with, otherwise a broken canon or rusty saber will occupy the space which should be filled by beds and laboratories.

The Governor has already been overwhelmingly importuned by the Aesthetic Federation to commit himself to their patriotic cause, and if current gossip be worthy of belief, he is almost persuaded. But Governor Donaghey was reared in an intensely practical school, and his experience has brought him in daily contact with misery, suffering, pain, accident and disease. Of all men who have filled the governor's chair there seems to be no one who has shown such a broad grasp of practical state economics as he. He knows that the commercial value of a life saved to the State more than counterbalances the sentimental rating of a thousand battle-scarred flags. That he knows and feels this and would prefer to commit himself to the hospital proposition, does not imply that his reverence for the cherished traditions and institutions of the South is any whit less than of those who would preserve to posterity the sacred relics which are interwoven with the history of the State. Far from it. The prime question is: What disposition can be made of the old State House that will result in the greatest good to the greatest number of people? Suffering humanity cries out and pleads in pitiable moans for help on the one hand: a commendable state pride and a worthy patriotic sentiment importune on the other. That the old State House will be used for some purpose, goes without saying; so let there be arranged at once a joint meeting of the Committee on State Legislation and Public Policy, the Committee on State Charity Hospital, and a representative Committee from the Women's Clubs, to the end

that conflicting purposes and efforts may be harmonized and agreeably adjusted before too much energy and efforts are expended and wasted.

It would be as absurd to think of an army without a general as to think of a great commonwealth without a Bureau of Public Health, yet Arkansas is in this very category, and unless the coming legislature pass the bill now being prepared for its consideration, or some other measure equally as comprehensive and effective, preventable diseases will continue to claim our citizens as penalty for the indifference or stupidity of our law makers. Strong and convincing efforts will be brought upon the Legislature to wipe from our statutes the present law, a law so lame that in a race of cripples it would not get beyond the starting line, and substitute therefore, one that will meet the demands and requirements of a great state and people. The next Legislature will be composed of men of ability and experience in public affairs, many of whom have already committed themselves to the measures mentioned above. It should not be hard to convince men of this character of the importance of passing such legislation as will be asked for by the Arkansas Medical Society, and we confidently expect to see our efforts crowned with success.

#### HIGHER MEDICAL EDUCATION.

That southern medical colleges do not longer intend to trail behind other schools in other and more favored sections of the country, was clearly shown at the recent meeting of the Southern Association of Medical Colleges held in Atlanta on November 18th. A resolution was adopted at that meeting providing that, beginning with the sessions of 1910-11, all applicants for matriculation in colleges belonging to this Association shall present a diploma from a recognized high school or give satisfactory evidences of its equivalent, this equivalent to be determined by the State Superintendent of Public Instruction, and not by an examiner connected with the college. Now that this fixed standard of requirement has been adopted, a standard that should prove satisfactory to all sections, it only remains to provide

ample laboratory and clinical facilities to place medical education in the South on a parity with that of northern and eastern schools. We take it that this stroke for higher medical education was made in good faith, and that there is no loophole left for any college to escape the restrictions as is so palpably provided for in the present law under which the Association has been operating for a number of years. The enforcement of the new rules will relieve some medical schools of at least one half of illiterate students; but it will at the same time raise them into the column of legitimacy and general respectability.

#### RESOLUTION ADOPTED BY THE ECLECTIC MEDICAL ASSOCIATION.

At the last meeting of the Arkansas Eclectic Medical Association, held at Fort Smith, the following resolution favoring an amendment to the present law regulating the practice of medicine in Arkansas, was unanimously adopted:

Resolved, That this Association put itself on record as favoring an amendment to the present law, regulating the practice of medicine in this state, so as to require each applicant for license to be a graduate of some reputable medical college before he can go before a board of medical examiners. And that we ask the other medical associations of this state to join with us in working for this amendment. And that this Association appoint a committee on legislation to confer with the Regular and Homeopathy Associations and ask them to appoint a like committee to cooperate with us in bringing about the desired amendment; and that the Boards of Medical Examiners be required to meet only twice a year, instead of quarterly as now.

#### Departmental Editorials SURGICAL END-RESULTS.

Anderson Watkins, M. D., Little Rock, Professor of Surgery at the University of Arkansas, Medical Department.

"*Psychical End-Results Following Major Surgical Operations*" is discussed by Mumford in "*The Annals of Surgery*" for June, 1908. The investigations by the author into a subject given too little thought by the average "surgeon" consisted of inquiries among patients who had been



operated upon seven to nine years previously in a large general hospital. He endeavored to secure answers from 500 subjects but of these only 129 replied; 38 men and 91 women of the former. The author found 7 to 18 per cent were failures and all were psychical failures—that is, their mental and economic status was unimproved. All of the 7 had undergone nonmuti-lating operations upon the genitals, suffering no loss of organs, but worrying greatly for fear of future loss of “power” or “will,” etc. Others, who had actually sustained the loss of important parts (testicles or prostate), were much more cheerful and useful citizens. All who had been operated in regions other than the genitals were in good condition.

The writer discussed the difference between an anatomical and a physical “cure.” By the former, he evidently means healing of the operation wound and relief from the pathologic conditions which existed before the operation. A perfect functional and anatomical restoration is obviously in many cases impossible.

To return to the statistics: 68 of the 91 women underwent sexual operations with 25 failures, of which 24 were psychical (35 per cent). In the 23 on the non-sexual list, 8 are failures; 6 of the 8 being in the psychical category, that is, 26 per cent of the 23. There is then this difference in the male and female statistics, which, by the way, is suggestive but not conclusive: all of the poor psychical results among the men were found after operation upon the generative organs; in the women, the percentage of failures in genital and non-genital cases, was nearly equal.

Aside from the differences in the two sexes, as exhibited by the above figures, the author proceeds to more general and important reflections. Prefacing, we may dismiss the anatomical operative failures from the discussion, as such results may justify dissatisfaction. It is the mental attitude, the despondency, weakness, and inability or disinclination to work, all in the face of a good physical recovery, which constitute the gist of the writer’s paper and to which many do not attach sufficient importance. Do we not know many cases where the removal of an ovary or a tube, or the relief of a vari-

cocele or other condition has not contributed to the patient’s welfare? On the contrary, granting disease of the tissue removed, often the concentration of the surgeon and patient upon a special locality has aggravated a morbid mental habit of invalidism upon the part of the latter. In some instances, an overestimate of the bearing of the lesion upon the general symptoms leads to mistaken surgery; in others, the post-operative surroundings are unfavorable, or supervision with reassurance and establishment of confidence is lacking. One cannot insist too strongly upon these points.

In private practice, reference of a surgical case by the family physician tends to the induction of confidence in the surgeon, because there is an implication of expert skill upon his part. But, not infrequently, this skill is found to consist merely in mechanical procedure and not in judgment. Too often the diagnostic efforts are limited to the purely anatomical lesson, with the result that insufficient attention is bestowed upon the nervous and mental status. We may well ask ourselves whether a given state of mind has existed previous to, or is caused or aggravated by the physical pathology? Aside from expediency or necessity, what mental effect may we expect from and operation? What of the future usefulness of the patient? Will it be improved, impaired or unaffected? These questions of importance should be carefully weighed when considering the advisability of an operation.

I stated above that in private practice a patient is usually referred to a surgeon by reason of supposed special skill of the latter. This fact establishes a confidence which can be used advantageously after as well as before operating. It is well, for instance, that relationship between surgeon and patient be not completely severed after dismissal of latter from the hospital. Often a few words of counsel and reassurance may tide the post-operative life over a serious crisis to the ultimate attainment of a useful and contented existence.

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“A Criticism of Bier’s Passive-Hyperemia Method of the Treatment of Acute Suppurative Infections,” is the title of an article by

Wrede, of Konisberg, in "*Surgery, Gynecology and Obstetrics*," for September. The translation is by Herbert A. Potts, of Chicago, and, in passing we may say that the English shows many traits of the envolved German construction. The paper is a note of warning to those who are prone to accept a more or less empirical surgical procedure. Possibly some of the conclusions reached are not based upon sufficient experimental or clinical proof, but many of the statements and deductions are warranted by sound pathological knowledge.

Referring to the induction of passive hyperemia in an acute infection focus without incision for some days, the author recalls the obvious fact that bacteria do no harm to the tissues when outside the body, and therefore it is better to incise and drain than to leave to a doubtful issue the conflict between bacteria and body cells.

Again by Bier's method inflammation is increased and a process, which in itself does not necessarily destroy pyogenic organisms but is the sum total of local infection and local resistance, is augmented beyond natural limits. Here we are adding to a condition which is already beyond exact prognosis; what, then, are the possible consequences? Increased circulatory disturbance; greater interference with local nutrition; thrombosis and embolism; liquefaction and necrosis are intensified.

The claim of Bier that, because of an increased amount of blood locally there is increased bactericidal action, is disputed by Wrede, at least the latter maintains that the *dictum* does not invariably hold good upon investigation by himself. Another argument advanced, and it appears to us a very important one, is that during the "*pause*" in the Bier treatment there occurs a resorption of edema with accompanying toxins. True, some of the toxins are confined and inert, all are diluted—but the amount and dilution cannot be measured, and in many cases there is sufficient absorption to produce rigors, fever, etc.

The picture presented by the author is that of an acute suppuration treated by passive hyperemia without incision or without insuffi-

cient incision. When proper opening and drainage are used in combination with the Bier plan, Wrede believes that recovery is attributed wrongly to the latter. Indeed one may very well hold despite the latter. Incision and drainage accomplishes in a clearer manner what nature endeavors to perform crudely, and we may well allow her to attend to the inflammatory reaction herself.

#### STATE MEDICAL BOARD EXAMINATION.

The State Medical Board of the Arkansas Medical Society held an examination at Little Rock, October 13, 1908, the following report of which being furnished by the Secretary, Dr. F. T. Murphy, of Brinkley:

Number of subjects examined in 7; number of questions asked 65; number of applicants 31, of which 27 were white and 4 colored; number of graduates 22; undergraduates 9; number of graduates who failed 8; undergraduates 5; highest per cent made by graduates 88 $\frac{1}{4}$ ; lowest 82; highest per cent made by undergraduate 82; lowest 49 5-7. The following colleges were represented.

##### GRADUATES.

Memphis Hospital Medical College.  
Enworth Central, St. Joe, Mo.  
St. Louis University.  
Barnes Medical, St. Louis.  
Keokuk Medical College.  
American College of Osteopathy.  
University of Texas.  
University of Louisville.  
University of Nashville.  
Physicians & Surgeons, Little Rock.  
Tulane University.  
Washington University.  
Meharry Medical College.  
Physio Medical College of Indiana.  
Physicians & Surgeons, Kansas City.  
Chattanooga Medical College.  
Kentucky School of Medicine.  
Jefferson School of Medicine.

##### UNDERGRADUATES.

Women's Medical College.  
University of Nashville.



Physicians & Surgeons, Little Rock.  
 Memphis Hospital Medical College.  
 St. Louis University.  
 National Medical University American College.

#### NAMES OF SUCCESSFUL CANDIDATES.

Ackley, Anna C.; Benton, J. B.; Bone, O. L.;  
 Brennan, J. T.; Buckman, Benj. Jr.; Cox, E.  
 L.; Crawford, J. B.; Eckel, G. M.; Fair, E. N.;  
 Harrington, C. B.; Holland, E. D.; Irby, F. L.;  
 Poston, Wm. D.; Powell, Byrd S.; Reitz, M.  
 W. W.; Usrey, M. O.; Walker, S. C.; Wood,  
 S. S..

#### QUESTIONS ASKED ON EXAMINATION.

##### PHYSIOLOGY.

1. What is physiology?
2. What is the function of the liver?
3. What is the function of the kidneys?
4. Give proportion of white and red corpuscles in the blood.
5. Describe normal sounds of respiration.

##### PRACTICE OF MEDICINE.

1. Write a prescription for modifications of cow's milk for a child three months old.
2. Give etiology and treatment of otitis media.
3. Name the acute exanthemata and give time of eruption of each.
4. Describe a case of eczema and give treatment.
5. Describe the technique of rectal alimentation and what foods are used.
6. How would you treat hemorrhage in typhoid fever?
7. Describe a case of algid form of pernicious malaria and give treatment in detail.
8. Give diagnosis of a case of lobar pneumonia by physical signs.
9. Give technique of electrical treatment of sciatica.
10. Mention some conditions which totally disqualify, also give some that postpone for the time being, an applicant for life insurance.

##### ANATOMY.

1. At what time in the development of the foetus are the lips formed?
2. Describe the os calcis.
3. Describe the femur.

4. Describe a diarthrodial joint.
5. Describe the omo-hyoid muscle.
6. Describe the descending colon.
7. Describe the palmar arch.
8. Describe the appendix vermiformis.
9. Describe the third pair of cranial nerves.
10. Bound Scarpa's triangle.

##### SURGERY.

1. What is the process of repair in case of injuries of muscles
2. Give the pathology of peritonitis.
3. How would you expose the brachial artery for ligation in the middle of the arm?
4. Give the symptoms of the first and second stages of syphilis.
5. Describe contracture of the palmar fascia (Dupuytren's contracture) and give treatment.
6. Give points of differential diagnosis between dislocation of head of the femur from fracture of the neck.
7. What fractures do not present mobility? Under what circumstances is crepitus absent?
8. Define empyema of the antrum of Highmore and give treatment.
9. Give the etiology, varieties and symptoms of erysipelas.
10. Give causes, symptoms and treatment of synovitis.

##### OBSTETRICS.

1. Give the three most common causes of premature birth.
2. What conditions contraindicate the operation of version?
3. What changes in the blood are produced by pregnancy?
4. What is the general appearance, weight, length, etc., of a five month's fetus?
5. How would you treat a case of puerperal eclampsia?
6. At what period of pregnancy is an abortion or miscarriage most dangerous, and the reason why?
7. Describe the condition most likely to result in laceration of the cervix, the remedies used or treatment employed to minimize the danger of the occurrence.
8. State three of the most common conditions that might be mistaken for pregnancy. Give the differential diagnosis.

9. On what signs may a diagnosis of occipito-posterior position be based?

10. What treatment would you advise for a continued menstruation during pregnancy?

#### MATERIA MEDICA AND THERAPUETICS.

1. Name three styptics.
2. What is meant by myotics and mydriatics? Give example of each.
3. Name three drugs which act as a diuretic and explain action of each.
4. Name some of the principal uses of belladonna and name its alkaloid.
5. What is understood by the primary and secondary action of a drug.
6. Describe the therapeutical uses of glycerine.
7. Name three remedies indicated in the use of acute cystitis and give mode of administration.
8. What effect does terebinthina have upon the secretions and name some of the conditions in which it is indicated.
9. Which is the most soluble of the silver salts? Name its principal therapeutical use when administered internally.
10. Write a complete prescription for some stimulating expectorant and give indications for its use.

#### CHEMISTRY.

1. What is iodine?
2. Where does it occur in nature and how obtained?
3. What is mercury?
4. Name three preparations of metallic mercury (itself) used in medicine.
5. What is mercurous chloride and how prepared?
6. How is corrosive sublimate prepared and for what used?
7. How would you treat poisoning by  $\text{HgCl}_2$ ?
8. What inorganic salts enter into formation of human bone?
9. What is oil of turpentine?
10. Complete the following formula  $\text{CuO} + \text{H}_2\text{SO}_4 =$ .

#### DISTRICT AND COUNTY SOCIETIES.

**THE THIRD DISTRICT MEDICAL SOCIETY.**—The seventh semi-annual meeting of the Third District Medical Society was held at Forrest City, October 28, 1908, under the presidency of Dr. E. D. McKnight, of Brinkley. The secretary, Dr. Henry Rightor, of Helena, had arranged a splendid practical, yet scientific program, and the many papers read were freely and profitably discussed. The morning session was devoted to the transaction of the business of the society and to the addresses of welcome by the Mayor, Hon. R. J. Izard; the response to his address by Dr. A. A. Horner, of Helena, and the address of the president. A banquet in honor of the visitors was given at the Marion Hotel by the St. Francis County Medical Society, which was a splendid success and greatly enjoyed. The following officers were elected for the ensuing year: Dr. S. A. Southall, president, Lonoke; Dr. H. H. Rightor, secretary, Helena; Dr. J. O. Bush, treasurer, Forrest City. Lonoke was selected as the place for the next meeting. The afternoon session was devoted to scientific work, the program of which was as follows:

"Some Analogies Between Malaria and Syphilis"—Wm. H. Deaderick, M. D., Marianna.

"Report of Clinical Cases"—S. A. Southall, M. D., Lonoke.

"Preventive Medicine"—A. A. Horner, M. D., Helena.

"Remarks on Medical Organization"—Morgan Smith, M. D., Little Rock.

"Cardiac Drugs and Vaso Motor Treatment"—A. H. Marshall, M. D., Brinkley.

"A Case in Practice"—W. S. Bradford, M. D., Haynes.

"Clinical Report"—T. J. Stout, M. D., Brinkley.

"Appendiceal Abscess"—H. H. Rightor, M. D., Helena.

"Aortic Aneurysm: Report of Case"—E. D. Wall, M. D., Park Place.

"Suppression of Urine"—E. T. Brown, M. D., Barton.

**RANDOLPH COUNTY.**—The Randolph County Medical Society met in Pocahontas on the 16th of October with the following members present:

**FOR SALE.**—Nice office and lot. Practice gratis to purchaser. Railroad town. Eastern Arkansas. Price \$300.00. W. B. Bean, M. D., LaGrange, Ark.



Dr. H. L. Throgmorton, President; Dr. W. E. Hughes, Dr. L. H. Hall, Dr. P. M. Shaver, and Dr. Jno. R. Loftis. There were no papers read at this meeting but a number of clinical cases were reported and discussed. Dr. Throgmorton reported some cases of scarlet fever and Dr. Loftis a very interesting case of malarial hemoglobinuria, which were discussed by all the members.

**JOHNSON COUNTY.**—The Johnson County Medical Society met in Clarksville, October the 15th, roll call showing the following members present: Dr. W. F. Smith, President; Dr. L. A. Cook, Secretary; Dr. W. R. Hunt, Dr. J. S. Kolb, Dr. L. C. Gray, Dr. E. C. Hunt, Dr. J. R. Horner, Dr. J. M. Murphy, and Dr. J. W. Ogilvie. Clinical cases were reported by Drs. W. R. Hunt, E. C. Hunt and J. R. Horner.

Dr. W. F. Smith read a paper entitled, "Fractures of the Skull," which was discussed by Drs. W. R. Hunt, Kolb and Ogilvie. Dr. Ogilvie will read a paper on "Pneumonia," at the November meeting. The discussion is to be led by Dr. J. R. Horner.

**BENTON COUNTY.**—The Benton County Medical Society met in Siloam Springs, October the 13th with the following members present: Dr. J. T. Powel, Dr. C. A. Rice, Dr. J. Z. Sexton, Dr. J. M. Lemon, Dr. H. W. Thomason, Dr. F. M. Duckworth, Dr. J. T. Clegg, Dr. E. G. Highfill and Dr. J. H. Beard. The visitors were Dr. F. M. Wilks, of Bloomingfield; Miss Alice Wakenight (trained nurse), of Gentry. An interesting program was rendered, all the members participating in the discussion of the papers read.

The following members were elected to membership at the September meeting: Dr. James M. Griffin, Dr. James M. Lemon and Dr. F. M. Duckworth.

**SALINE COUNTY.**—On account of a great deal of sickness in this county during the fall, there was no meeting held on the last regular day. There are eight active members of our society and a strong effort is being made to enlist every eligible doctor in the county.

**SEVIER COUNTY.**—The Sevier County Medical Society met at Lockesburg, October the

20th, and held one of the most interesting meetings of the year. The attendance was larger than at any previous meeting and a good interest was shown by all the members present. The meeting was called to order by the president, Dr. J. F. Johnson, and the minutes of the previous meeting read and adopted, after which, the regular program was taken up.

Dr. M. L. Norwood, of Lockesburg, read a paper entitled, "The Business Side of the Profession." The paper was profitably discussed. A "Quiz," now a regular feature of the monthly program, was held, to which a considerable portion of the meeting was devoted.

Dr. W. E. Wisdom, who recently located at DeQueen, was elected to membership. Dr. C. E. Thompson, of Benlomon, was presented for membership. The society adjourned to meet at DeQueen, November the 17th, at which meeting officers for the ensuing year will be elected.

**BOONE COUNTY.**—The Boone County Medical Society met in Harrison on October the 6th. Present: Dr. Schwartz Baines, president; Dr. H. L. Routh, Dr. C. M. Routh, Dr. J. H. Fowler, Dr. A. J. Vance, Dr. J. L. Reich, Dr. F. B. Kirby and Dr. L. Kirby.

Dr. C. M. Routh presented a child two years old with a recurrent tumor covering the left frontal region and encroaching upon the orbit of the eye. As a microscopical examination had not been made the diagnosis of the tumor was reserved.

Dr. C. M. Routh reported a case of "Stone in the Pancreatic Duct, Simulating Gall-Stones."

Dr. H. L. Routh reported a case of "Placenta Previa," which had been diagnosed as a uterine tumor.

Dr. L. Kirby read a paper on "Urinary Extravasation," with report of a case with recovery. Dr. A. J. Vance also reported a case of urinary extravasation with recovery.

Dr. J. L. Reich reported a case of "Tuberculosis of the Knee-joint."

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**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

## NEWS ITEMS.

## Personals.

Dr. G. M. D. Cantrell, has just returned from his annual hunting trip.

Dr. S. E. Thompson, of El Dorado, was a recent visitor to Little Rock.

Dr. M. N. Brand, of Francis, is confined to his home with an attack of typhoid fever.

Dr. W. E. Hughes, of Pochontas, has two children ill with typhoid fever.

Drs. Alpheus D. and Carl Finch, formerly of Dresden, Tenn., have located at Belle Fonte, Boone county.

Dr. W. A. Snodgrass has moved his offices from East Fifth street to the old Gazette building on Center street.

Drs. Mount and Elsworth, of Hot Springs, were recent visitors to Little Rock and honored the Secretary with a pleasant call.

Dr. R. G. Floyd, of Eureka Springs, has been elected secretary of the Carroll County Medical Society, vice Dr. V. F. Lassagne resigned.

Dr. L. Kirby, secretary of the Boone County Medical Society, was in attendance upon the Masonic bodies which held their meetings recently in the city.

Dr. J. M. Sheppard has resigned as secretary of the Union County Medical Society and Dr. S. E. Thompson has been elected to fill his unexpired term.

Dr. Ira G. Jackson, of Valley Springs, Boone county, is attending lectures at the Medical Department of the University of Arkansas, Little Rock.

Dr. Joseph B. Wharton, local surgeon at Eldorado, for the Rock Island, has just returned from Chicago where he read a paper at the annual meeting of the Rock Island Surgeons.

Dr. J. S. Shibley, of Paris, and Dr. M. G. Thompson, of Hot Springs, were in Little Rock recently attending to business matters pertaining to the Arkansas Association for the Study and Prevention of Tuberculosis.

Dr. Jas. H. Lenow, Dean of the Medical Department of the University of Arkansas, and Dr. Joseph P. Runyan, Dean of the College of

Physicians and Surgeons, of Little Rock, attended the Southern Association of Medical Colleges, which met at Atlanta on the 9th of November.

Dr. B. Hatchett, of Fort Smith, left in September for a tour of the world and will not return for a year. Dr. Hatchett has promised to contribute articles to the JOURNAL during his itinerary. We wish him a pleasant and profitable journey and a safe return to his native heath.

Dr. S. E. Thompson, Chairman of the State Charity Hospital Committee, has invited the Committee on State Legislation and Public Policy to meet with his committee in Little Rock, December 4th, at 10 o'clock a. m., at the office of the State Secretary. Important matters are to be discussed at this meeting.

## General.

The twenty-second annual session of the N. O. Polyclinic opened on November 2, with a larger class than ever before, and the indications are for a successful term.

The recent meeting of the Medical Association of the Southwest, held at Kansas City under the presidency of Dr. Thos. E. Holland, of Hot Springs, was one of the most enthusiastic and largely attended in its history. Dr. Jabez Jackson, of Kansas City, was elected president; Dr. Joe Becton, of Greenville, Texas, vice-president, and Dr. F. H. Clark, of El Reno, Okla., was re-elected secretary. San Antonio was selected as the next meeting place.

## MARRIAGES.

Dr. Hill of Reno, Randolph County, to Mrs. P. S. Fry, of Pochontas.

Dr. Jos. W. Walton, of Benton, to Miss Alma Cove, of Little Rock.

Dr. J. S. Kolb, of Clarksville, and Mrs. John Coyle, of Coal Hill, were married on the 20th of September.

## BIRTHS.

Born to Dr. and Mrs. Warren Kelly, of Bentonville, a ten pound boy.

Born to Dr. and Mrs. W. F. Smith, of Clarksville, a girl.



## CHANGE OF LOCATION.

Dr. M. C. Hughey, from Knobel to Rector.

Dr. Ed Truett, from Dover to Silex.

Dr. C. H. McKnight from Augusta to Cotton Plant.

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BOOK REVIEWS.

**General Surgery.** A presentation of the scientific principles upon which the practice of modern surgery is based. By Ehrich Lexer, M.D., Professor of Surgery, University of Konigsberg. American Edition. Edited by Arthur Dean Bevan, M.D., Professor and Head of the Department of Surgery, Rush Medical College, in Affiliation with the University of Chicago. With four hundred and forty-nine illustrations in the text, partly in color, and two colored plates. D. Appleton & Co., New York and London, 1908.

The title of "General Surgery," by Lexer, edited by Bevan and translated into English by Dean Lewis, is in accordance with the contents of the volume. It is a good example of the Continental idea of General Surgery, distinct and separate from Regional Surgery. The Germans limit a text-book on the above subject, such a work as Lexeis for instance, to an exposition of the pathological principles and description and treatment of surgical infections, injuries and diseases of the tissue, leaving to special teaching, the affections of different organs. It is probable that the author's arrangement and classification would not appeal to every teacher of the subject, but to us the plan is, as a whole, clear and comprehensive. There are, of course, some differences, as compared with an American text-book.

Part I is devoted to the technique of wounds, asepsis, anaesthesia and the general principles of plastic operations. The chapter on anaesthetics is exceptionally good, including local, spinal and general anaesthesia. Part II comprises infections, with which are considered inflammation, fever, local and general pyogenic infection, etc. The time-honored definition of inflammation is omitted. Surgical fevers are approached in a manner differing from the usual manner, pyaemia and septicaemia following a thorough discussion of suppuration of the various tissues. Usually the various putrefactive and infectious forces are classed together.

Diabetic and angio-sclerotic gangrenes are grouped under the head of Necrosis, and Part III, hospital, or gaseous gangrene, is placed with putrefactions. Herein the author does not limit his idea of necrosis to a molecular death of tissue, neither does he follow the usual plan of placing all gangrenes under one head. He describes fractures in Part IV. Injuries of the soft tissues are included in this section. The general pathology and treatment of fractures are well presented, fractures of special bones being left to special surgery.

Part V. "Important Surgical Diseases, Excluding Infections and Tumors" includes the skin and mucous membranes, muscles, tendons, joints (including dislocations) and certain developmental diseases of bone.

Tumors, Part VI, occupy more than 200 pages. Their descriptions, diagnosis and treatment are admirably given. As so often occurs, the classification is histogenetically, somewhat confusing. Thus, tumors of ordinary connective tissue, muscle-tumor and endotheliomata are classed separately, though all are of mesoblastic origin. There are special chapters on direct transfusion of blood (Crile), on blood examination and opsonins (Roseneau) and blastomycosis (Ormsby).

The book seems well adapted to teaching the essential principles of surgery, without which no surgeon can be well grounded. A. W.

**Anatomy, Descriptive and Surgical**—By Henry Gray, F.R.S., late lecturer on Anatomy at St. George's Hospital, London. New American edition enlarged and thoroughly revised, by J. Chalmers Da Costa, M.D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M.D., Professor of Anatomy in the Jefferson Medical College of Philadelphia. Imperial octavo, 1625 pages, with 1147 large and elaborate engravings. Price, with illustrations in colors, cloth, \$6.00 net; leather, \$7.00 net. Lea & Febiger, publishers, Philadelphia and New York, 1908.

The seventeenth American edition of Gray's anatomy is unmistakable evidence of the estimation in which it is held by the profession and students and the popularity which it continues to enjoy. Written by a master of the subject and by one who was able to impart the knowledge he possessed to others; carefully

edited and kept abreast of the times, it is not hard to understand why it has outstripped all other similar works in the field of competitive public approval. It is as certainly a classic in medicine as Shakespeare is in literature. The present edition appears under the editorship of Dr. John C. DaCosta and Dr. E. A. Spitzka who have given it a revision that in some respects is notable. Surgical and anatomical points crop out in all parts of the work from the pen of the distinguished surgeon-editor, increasing greatly its value. The Nerve System has been rewritten by Dr. Spitzka, the anatomist and artist, being illustrated by seventy of his own drawings. Over 1,100 engravings are employed to elucidate the text, illustrations that seem to speak in a personal way to the student, a fact familiar to all old lovers of Gray. It is generally conceded that this is the best American edition that has appeared, and while commendation and praise are due the editors, the keen interest which the publishers have always shown in maintaining the work just a little superior to others, should not be overlooked.

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#### BOOKS RECEIVED.

**A Manual of Clinical Diagnosis.** By James Campbell Todd, Ph.B., M.D. Philadelphia and London, W. B. Saunders Company, 1908.

**Pain: Its Causation and Diagnostic Significance in Internal Diseases.** By Rudolph Schmidt. Translated and Edited by Karl M. Vogel, M.D., and Hans Zinsser, A.M., M.D. The J. B. Lippincott Co., Philadelphia, 1908.

**A Manual of Diseases of the Nose and Throat.** By Cornelius G. Coakly, M.D., Clinical Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New (4th) edition, 12 mo., 604 pages, with 126 engravings and 7 colored plates. Cloth, \$2.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

**The Ready-Reference Handbook of Diseases of the Skin.** By George Thomas Jackson, M.D., Chief

of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth Edition. 12mo., 737 pp., with 99 engravings and 4 plates, in colors, and monochrome. Cloth, \$3.00 net. Philadelphia and New York: Lea & Febiger. 1908.

**A Treatise on the Principles and Practice of Gynecology.** By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, thoroughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, \$5.00 net. Philadelphia and New York: Lea & Febiger, 1908.

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Let us then blush, in this so ample and so wonderful field of nature (where performance still exceeds what is promised), to credit other men's traditions only, and thence come uncertain problems to spin out thorny and captious questions. Nature herself must be our adviser; the path she chalks must be our walk; for so while we confer with our own enemies, and take our rise from meaner things to higher, we shall at length be received into her closet-secrets.—*Preface to Anatomical Exercitationes Concerning the Generation of Living Creatures*, 1653, William Harvey.

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**PHYSICIAN'S INFLUENCE IN THE COMMUNITY.**—The successful physician occupies a place in the community of vastly greater importance than does any other individual, not even excepting the clergyman. The physician comes more directly in touch with the frailties, sorrows, aspirations and joys of humanity than does any other individual. His influence in the community, politically and socially, is, or, if he lived up to his opportunities, would be greater than any other.—*Jr. A. M. A.*

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**LOCATION FOR SALE.**—Good location in town of 1000 population on the main line of railroad in Southern Arkansas. Good residence property and drug store can be bought for \$2000.00. Address, Journal of the Arkansas Medical Society.



## Members of the Component Societies of the Arkansas Medical Society, June 1909.

**Arkansas County.**

Bunn, A. D. ....Humphrey  
 Lowe, A. M. ....Gillett  
 Lowe, W. W. ....Gillett  
 Moorhead, W. H. ....Stuttgart  
 Morphew, L. H. ....Stuttgart  
 Rascoe, C. W. ....De Witt  
 Winkler, E. H. ....De Witt  
 Park, C. E. ....De Witt  
 Fowler, Arthur ....Humphrey

**Ashley County.**

Baker, J. P. ....M. orrell  
 Cockerman, H. E. ....Portland  
 Cone, A. E. ....Portland  
 George, B. F. ....Parkdale  
 Hawkins, M. C. ....Parkdale  
 Hanson, C. P. ....Berea  
 Knott, J. D. ....Wilmet  
 Norman, W. S. ....Hamburg  
 Simpson, J. W. ....Hamburg  
 Scott, E. M. ....Hamburg  
 Spencer, S. J. ....White  
 Sparks, J. E. ....Crossett  
 Williams, R. G. ....Parkdale  
 Crow, L. M. ....Crossett  
 Taylor, I. S. ....Crossett

**Baxter County.**

Tipton, J. T. ....Mountain Home  
 Hipp, J. A. ....Buford  
 Morrow, J. J. ....Cotter  
 Smith, H. H. ....Calico Rock  
 Karrs, M. L. ....Mountain Home  
 Roe, J. B. ....Calico Rock

**Benton County.**

Beard, J. H. ....Gentry  
 Clegg, J. T. ....Siloam Springs  
 Cargile, C. H. ....Bentonville  
 Chambers, D. P. ....Highfill  
 Clemmer, J. L. ....Springtown  
 Eubanks, F. G. ....Decatur  
 Furgus, J. A. ....Elm Springs  
 Green, L. O. ....Pea Ridge  
 Horton, C. W. ....Hiwassa  
 Hurley, T. W. ....Bentonville  
 Hurley, C. E. ....Bentonville  
 Hughes, G. A. ....Gravett  
 Highfill, E. J. ....Osage Mills  
 Lindsey, J. H. ....Bentonville  
 Powell, T. J. ....Maysville  
 Pickens, E. E. ....Rogers  
 Rice, T. M. ....Rogers  
 Rice, C. A. ....Gentry  
 Rice, R. S. ....Rogers  
 Smiley, J. L. ....Bentonville  
 Thomason, H. E. ....Siloam Springs  
 Whitcomb, A. L. ....Rogers  
 Webster, J. W. ....Siloam Springs  
 Jackson, L. T. ....Gravett  
 Mathis, J. B. ....Pea Ridge  
 Sexton, J. Z. ....Siliam Springs

**Boone County.**

Brown, W. L. ....Valley Springs  
 Bolinger, John. ....Lead Hill  
 Johnson, J. J. ....Harrison  
 Kirby, F. B. ....Harrison  
 Kirby, L. ....Harrison  
 McCurry, D. K. ....Alpena Pass  
 Potts, J. R. ....Harrison  
 Reich, J. L. ....Evertton  
 Routh, Chas. M. ....Batavia  
 Routh, H. L. ....Batavia  
 Sims, J. L. ....Harrison  
 Vance, A. J. ....Harrison  
 Baines, Schwartz ....Bergman  
 Floyd, C. J. ....Harrison  
 Crebs, R. S. ....Olvey  
 Fowler, J. H. ....Gaither

**Bradley County.**

Porter, G. S. ....Warren  
 Caruth, O. A. ....Warren  
 Fike, W. T. ....Warren  
 Herring, S. R. ....Warren  
 Jackson, D. A. ....Johnsville  
 Martin, C. N. ....Warren  
 Wilson, G. L. ....Hermitage  
 Wommack, W. E. ....Hermitage

Roark, W. N. ....Draper  
 Green, B. H. ....Warren  
 Hoyle, C. L. ....Warren  
 Martin, R. ....Warren  
 Crow, M. T. ....Ingalls

**Calhoun County.**

Jones, E. ....Hampton  
 Jones, E. T. ....Hampton  
 Rhine, T. E. ....Thornton  
 Wilson, D. F. ....Hampton

**Carroll County.**

Bolton, J. F. ....Eureka Springs  
 Bolton, J. B. ....Eureka Springs  
 Floyd, R. G. ....Eureka Springs  
 George, W. P. ....Berryville  
 George, Chas. ....Berryville  
 Jordan, J. D. ....Eureka Springs  
 Lassagne, V. F. ....Eureka Springs  
 Pace, Henry. ....Eureka Springs  
 Poynor, G. V. ....Green Forest  
 Davis, C. E. ....Eureka Springs  
 Morris, F. R. ....Green Forest  
 Poynor, I. N. ....Berryville

**Chicot County.**

Anderson, A. G. ....Eudora  
 Barlow, E. E. ....Dermott  
 Baker, E. ....Dermott  
 Henry, R. N. ....Lake Village  
 McGehee, E. P. ....Lake Village  
 Norton, M. M. ....Sunny Side

**Clay County.**

Cuning, I. H. ....Knobel  
 Green, T. H. ....Dumas  
 Hughey, M. C. ....Knobel  
 North, A. ....Palatka  
 Hiller, J. P. ....Pollard  
 Latimer, N. J. ....Corning  
 McKinney, A. B. ....Corning  
 Putnam, E. R. ....St. Francis  
 Simpson, A. R. ....Corning  
 Thornton, E. W. ....Piggott  
 Waddell, M. A. B. ....Success

**Clark County.**

Cuffman, J. H. ....Gurdon  
 Moore, W. M. ....Hollywood  
 McCallum, J. A. ....Arkadelphia  
 Rowland, W. T. ....Arkadelphia  
 Townsend, N. R. ....Arkadelphia  
 Townsend, C. C. ....Arkadelphia  
 Wallis, J. C. ....Arkadelphia  
 Williams, E. K. ....Arkadelphia  
 Watson, W. S. ....Amity  
 Smith, Don. ....Gurdon  
 Hardy, H. ....Stroud  
 Murray, J. Y. ....Arkadelphia

**Cleveland County.**

Crump, J. F. ....Rison  
 Hamilton, A. J. ....New Edinburg  
 Hartsell, W. L. ....Draughon  
 Leali, C. ....Kingsland  
 Robertson, A. B. ....Calmer  
 Stanfield, M. F. ....Orlando  
 Vance, J. O. ....New Edinburg  
 Wolford, W. S. ....Kingsland  
 Carter, J. D. ....Staves  
 Johnson, S. C. ....Kingsland

**Columbia County.**

Baker, J. J. ....Magnolia  
 Hawkins, J. T. ....Mt. Holly  
 Hunt, W. J. ....Macedonia  
 Longino, H. A. ....Magnolia  
 Stevens, C. D. ....Magnolia  
 Vaughan, J. T. ....Emerson  
 Walker, J. C. ....Emerson  
 Twitty, Walter. ....Emerson  
 Cooksey, W. P. ....Atlanta  
 Cannon, G. E. ....Magnolia  
 Whaley, W. T. ....McNeil

**Conway County.**

Bradley, A. R. ....Morrilton  
 Clark, C. D. ....Morrilton  
 Gordon, F. ....Morrilton  
 Goatcher, A. L. ....Plummerville  
 Horton, Neal. ....Plummerville

Hollybrook, J. F. ....Cleveland  
 Logan, B. C. ....Morrilton  
 Presley, W. L. ....Morrilton  
 Yates, Geo. ....Solgahachie  
 Ringgold, G. W. ....Morrilton  
 Steele, R. J. ....Morrilton  
 Bearden, Fred. ....Solgohatchie  
 Jackson, J. H. ....Center Ridge

**Craighead County.**

Armour, C. H. ....Bono  
 Burns, J. L. ....Jonesboro  
 Campbell, G. O. ....Truman  
 Crawford, J. E. ....Bay  
 Grady, N. H. ....Monett  
 Gracy, L. F. ....Jonesboro  
 Halton, W. C. ....Jonesboro  
 Harrison, B. L. ....Jonesboro  
 Jackson, W. W. ....Jonesboro  
 Lutterloh, C. C. ....Jonesboro  
 Nisbett, Frank. ....Brookland  
 Rains, H. L. ....Jonesboro  
 Smith, S. E. ....N. ....ettleton  
 Stroud, H. A. ....Jonesboro  
 Walker, B. F. ....Nettleton  
 Wester, W. E. ....Nettleton  
 Heintz, L. F. ....Marion  
 McDaniels, E. C. ....Tyronza  
 McVay, L. C. ....Marion  
 Pierce, L. H. D. ....Jonesboro  
 Pelton, D. A. ....Barnes, Mo  
 Waddell, G. ....Jonesboro

**Crawford County.**

Blakemore, J. E. ....Van Buren  
 Bourland, O. M. ....Van Buren  
 Dibrell, M. S. ....Van Buren  
 Parchman, W. L. ....Van Buren  
 Lucas, Giles. ....Van Buren  
 Mickle, F. A. ....Van Buren  
 Reves, W. R. ....Alma  
 Sharp, H. ....Alma  
 Wood, J. Frank. ....Union Town  
 Youart, J. D. ....Dyer  
 Morrow, J. H. ....Uniontown  
 Campbell, C. J. ....Mulberry  
 Galloway, Q. R. ....Alma  
 King, Edgar. ....Van Buren  
 Wilson, L. J. ....Alma

**Desha County.**

Bowles, T. H. ....Dumas  
 Wheat, S. D. ....McGehee  
 MacCammon, Vernon. ....Ark. City  
 Smith, C. P. ....Ark. City

**Drew County.**

Flanks, J. T. ....Baxter  
 Corrigan M. B. ....Hot Springs  
 Brown, W. A. ....Monticello  
 Collins, A. S. J. ....Monticello  
 Cotham, E. R. ....Monticello  
 Fletcher, G. W. ....Blissville  
 Pope, M. Y. ....Monticello  
 Robertson, S. G. ....Monticello  
 Stanley, A. C. ....Tillar  
 Smith, R. N. ....Collins  
 Tarrant, J. R. ....Monticello  
 Thompson, J. A. ....Collins  
 Harris, S. ....Wilmar

**Franklin County.**

Blackburn, E. W. ....Ozark  
 Butts, R. J. ....Altus  
 Crocker, J. T. ....Lonelm  
 Douglas, Thos. ....Ozark  
 Harrod, J. C. ....Denning  
 Rambo, W. W. ....Alston  
 Turner, H. H. ....Ozark  
 Weaver, E. R. ....Vesta  
 Williams, H. F. ....Ozark  
 Gibbons, W. H. ....Webb City  
 Prewitt, T. J. ....Denning  
 Hudson, K. E. ....Charleston  
 King, W. J. ....Peterpinder  
 Bennefield, C. E. ....Charleston  
 Hudson, E. M. ....Charleston

**Faulkner County.**

Brown, G. S. ....Conway  
 Brown, J. F. ....Conway

Blakely, G. W. .... Gleason  
 Clark, W. I. .... Enders  
 Dickerson, G. D. .... Conway  
 DeJarnett, J. W. .... Guy  
 Greenley, D. R. B. .... Mayflower  
 Greeson, W. R. .... Conway  
 Munn, J. B. .... Vilonia  
 McMahan, J. E. .... Kendall  
 McCollum, I. N. .... Conway  
 Matthews, J. H. .... Lollie  
 Kitcherson, F. G. .... Heber  
 Westerfield, J. S. .... Conway  
 Mabry, Thos. .... Holland  
 Downs, Joseph H. .... Vilonia  
 Henderson, G. L. .... Greenbrier

#### Grant County.

Butler, J. L. .... Sheridan  
 Shaw, J. B. .... Sheridan

#### Greene County.

Bradsher, R. E. .... Marmaduke  
 Cothren, Thad. .... Walcott  
 Lamb, James. .... Beech Grove  
 Dickson, A. G. .... Paragould  
 Dickson, H. N. .... Paragould  
 Hopkins, G. T. .... Paragould  
 Haley, R. J. .... Paragould  
 Johnson, J. W. .... Paragould  
 Owens, W. R. .... Paragould  
 Wilson, Olive. .... Paragould  
 Graham, M. C. .... Gainesville  
 Kennedy, E. L. .... Marmaduke  
 Scott, F. M. .... Paragould

#### Hot Springs-Garland.

Barry, L. H. .... Hot Springs  
 Bunch, W. J. .... Hot Springs  
 Barry, W. H. .... Hot Springs  
 Burton, O. H. .... Hot Springs  
 Biggs, E. L. .... Hot Springs  
 Brunson, R. .... Hot Springs  
 Bush, W. J. .... Hot Springs  
 Collins, H. P. .... Hot Springs  
 Collins, S. P. .... Hot Springs  
 Dake, Chas. .... Hot Springs  
 Dake, Frank. .... Hot Springs  
 Dimon, R. B. .... Hot Springs  
 Drennen, C. T. .... Hot Springs  
 Davis, R. G. .... Hot Springs  
 Ellis, L. R. .... Hot Springs  
 Ellsworth, E. H. .... Hot Springs  
 Eastman, E. H. .... Hot Springs  
 Garnett, A. S. .... Hot Springs  
 Greenway, G. C. .... Hot Springs  
 Hanall, M. L. .... Hot Springs  
 Hay, E. C. .... Hot Springs  
 Herbert, G. A. .... Hot Springs  
 Holland, T. E. .... Hot Springs  
 Horner, J. S. .... Hot Springs  
 Jelks, F. W. .... Hot Springs  
 Jelks, Jas. T. .... Hot Springs  
 King, J. H. C. .... Hot Springs  
 Laws, W. V. .... Hot Springs  
 Mount, M. F. .... Hot Springs  
 Martin, E. H. .... Hot Springs  
 Minor, J. C. .... Hot Springs  
 McConnell, C. A. .... Hot Springs  
 McClendon, J. W. .... Hot Springs  
 Merritt, J. F. .... Hot Springs  
 Parker, W. E. .... Hot Springs  
 Rowland, J. F. .... Hot Springs  
 Robertson, J. A. .... Hot Springs  
 Short, Z. N. .... Hot Springs  
 Smith, J. W. .... Hot Springs  
 Steele, S. B. .... Hot Springs  
 Shaw, A. D. .... Hot Springs  
 Shaw, J. B. .... Hot Springs  
 Thompson, M. G. .... Hot Springs  
 Tribble, A. H. .... Hot Springs  
 Vaughan, P. T. .... Hot Springs  
 Warren, E. M. .... Hot Springs  
 Wooten, W. T. .... Hot Springs  
 Williams, A. U. .... Hot Springs  
 Weimer, R. .... Hot Springs  
 Winegar, E. F. .... Hot Springs  
 Johns, P. W. .... Hot Springs  
 Reamy, S. .... Hot Springs  
 Sanders, T. E. .... Hot Springs  
 Wood, J. S. .... Hot Springs  
 Williams, F. M. .... Hot Springs  
 Forbes, W. O. .... Hot Springs  
 Proctor, J. M. .... Hot Springs  
 Randolph, J. R. .... Hot Springs  
 Connell, W. H. .... Hot Springs  
 Cowle, Fannie W. .... Hot Springs

#### Hot Spring County.

Bramlett, E. T. .... Malvern  
 Carroll, W. A. .... Saginaw  
 Cox, J. A. .... Donaldson  
 McCray, E. H. .... Malvern  
 Phillips, R. Y. .... Malvern  
 Williams, J. M. .... Malvern  
 Donnell, R. W. .... Malvern  
 Hazlewood, Fred. .... Malvern  
 Byrd, J. M. .... Opa

#### Hempstead County.

Autry, J. R. .... Columbus  
 B'Shears, H. L. .... Fulton  
 Briant, W. A. .... Hope  
 Saner, W. F. .... Little Rock  
 Darnell, H. H. .... Columbus  
 Gillespie, L. J. .... Hope  
 Garrett, H. J. F. .... Hope  
 Garner, T. J. .... Washington  
 Martindale, G. H. .... Hope  
 Weaver, J. H. .... Hope  
 Waddell, J. S. .... Hope

#### Howard-Fike County.

Alford, T. F. .... Bingen  
 Cannon, W. H. .... Saratoga  
 Daly, J. M. .... Nashville  
 Rivers, J. M. .... Mineral Springs  
 Toland, W. H. .... Mineral Springs  
 Wright, C. W. .... Buck Range  
 Weaver, S. J. .... Saratoga  
 Black, E. M. .... Westbrook, Tex.  
 Gibson, W. M. .... Nashville  
 Hopkins, J. S. .... Nashville  
 Holt, J. M. .... Tokio  
 Hutchinson, D. A. .... Nashville

#### Jackson County.

Causey, G. A. .... Swifton  
 Graham, J. S. .... Tuckerman  
 Jamison, O. A. .... Tuckerman  
 Jones, O. E. .... Newport  
 Owen, Henry. .... Newport  
 Owen, H. M. .... Newport  
 Stayton, L. T. .... Tuckerman  
 Stephens, G. K. .... Newport  
 West, C. .... Newport  
 Willis, L. E. .... Newport  
 Walker, H. O. .... Newport  
 Best, A. L. .... Newport  
 Wilson, W. F. .... Elmo  
 Watson, E. L. .... Newport

#### Independence County.

Case, J. W. .... Batesville  
 Dorr, R. C. .... Batesville  
 Gray, C. C. .... Convenience  
 Hodges, R. H. .... Sulphur Rock  
 Kennerley, J. H. .... Batesville  
 Lawrence, W. B. .... Batesville  
 Wyatt, W. A. .... Rosie  
 Hinkle, Chas. .... Batesville  
 Martin, C. W. .... Newark  
 Evans, D. E. .... Bethesda  
 Gray, F. P. .... Cave City  
 Evans, A. A. .... Bethesda  
 Pascoe, V. L. .... Newark  
 Rodman, T. N. .... Cushman  
 Johnson, O. F. .... Floral  
 Thialliere, A. .... Pleasant Plains

#### Johnson County.

Blakely, J. P. .... Hartman  
 Blakely, Thos. B. .... Coal Hill  
 Burgess, M. E. .... Lamar  
 Carey, Angier B. .... Knoxville  
 Cook, L. A. .... Clarksville  
 Cowan, J. M. .... Lamar  
 Graves, S. M. .... Payne  
 Smith, W. F. .... Clarksville  
 Hays, Annie. .... Clarksville  
 Huddleston, G. D. .... Lamar  
 Hunt, Wm. H. .... Clarksville  
 Kolb, J. S. .... Clarksville  
 Love, J. G. .... Hartman  
 Mitchell, Jno. W. .... Clarksville  
 Ogilvie, Jas. W. .... Harmony  
 Robinson, Chas. E. .... Clarksville  
 Stewart, J. L. .... Sparda  
 Hunt, E. C. .... Smeadley  
 Murphy, J. M. .... Hagarville  
 Horner, J. R. .... Spadra  
 Herrod, G. W. .... Coal Hill  
 Allen, C. S. .... Harmony  
 Patterson, C. H. .... Ozark

#### Jefferson County.

Blankenship, W. H. .... Pine Bluff  
 Brunson, Asa. .... New Gascony  
 Caruthers, C. K. Jr. .... Pine Bluff  
 Crutcher, Wm. .... Pine Bluff  
 Duckworth, G. M. .... Pine Bluff  
 Gallagher, B. H. .... Pine Bluff  
 Hankinson, O. C. .... Pine Bluff  
 Jenkins, J. S. .... Pine Bluff  
 John, J. W. .... Pine Bluff  
 Jordan, A. C. .... Pine Bluff  
 Kite, N. S. .... Pine Bluff  
 Loving, A. B. .... Pine Bluff  
 Luck, B. D. .... Pine Bluff  
 Orto, Z. .... Pine Bluff  
 Savin, T. L. .... Pine Bluff  
 Scales, J. W. .... Pine Bluff  
 Thompson, A. G. .... Pine Bluff  
 Troupe, A. W. .... Pine Bluff  
 Stewart, W. S. .... Pine Bluff  
 Wright, C. E. .... Altheimer  
 Breathwit, Wm. .... Pine Bluff  
 Blackwell, O. G. .... Pine Bluff  
 Clark, O. W. .... Pine Bluff  
 Woodul, T. W. .... Pine Bluff  
 Allen, J. A. .... Pine Bluff  
 Glover, C. A. .... Pine Bluff  
 John, M. C. .... Moscow  
 Woods, R. P. .... Altheimer  
 Withers, J. W. .... Pine Bluff

#### Lafayette County.

Baker, F. E. .... Stamps  
 Searcy, J. A. .... Buckner  
 Bullock, W. A. .... Stamps  
 Bright, D. W. .... Lewisville  
 Burns, R. P. .... Bradley  
 Hoover, A. S. .... Stamps  
 McGee, L. F. .... Frostville  
 McKnight, J. F. .... Walnut Hill  
 Youmans, F. W. .... Lewisville  
 Warren, W. N. .... Buckner

#### Lawrence County.

Ball, C. C. .... Ravendon  
 Croom, H. .... Strawberry  
 Culp, C. W. .... Mammoth Spring  
 Hatcher, J. O. .... Imboden  
 Henderson, A. G. .... Imboden  
 Hughes, J. C. .... Walnut Ridge  
 Land, J. C. .... Walnut Ridge  
 McCarroll, H. R. .... Walnut Ridge  
 Morris, J. W. .... Denton  
 Peacock, A. L. .... Lynn  
 Poindexter, J. C. .... Imboden  
 Ponder, E. T. .... Walnut Ridge  
 Pringle, J. E. .... Hoxie  
 Robinson, W. J. .... Portia  
 Smith, W. A. .... Walnut Ridge  
 Stephens, J. M. .... Clover Bend  
 Warren, G. A. .... Black Rock  
 Neece, T. C. .... Walnut Ridge  
 Crigler, J. R. .... Walnut Ridge

#### Lee County.

Bean, W. B. .... Lagrange  
 Bradford, W. S. .... Haynes  
 Beaty, W. S. .... Vineyard  
 Chaffin, C. W. .... Moro  
 Chandler, C. T. .... Marianna  
 Deaderick, W. H. .... Marianna  
 Lewis, J. F. .... Oak Forest  
 Longley, W. W. .... Marianna  
 McClendon, A. A. .... Marianna  
 Wall, E. D. .... Park Place  
 Williamson, O. L. .... Marianna  
 Wilsford, A. L. .... Moro  
 Foster, G. F. .... La Grange  
 Russwurm, S. C. .... La Grange

#### Lincoln County.

Colquitt, S. W. .... Cummins  
 Johns, J. F. .... Grady  
 Isom, A. .... Gould  
 Kimbro, W. C. .... Tyro  
 McClain, J. K. .... Star City  
 Price, C. C. .... Douglas  
 Tarver, B. F. .... Star City  
 Dixon, C. W. .... South Bend  
 Watt, J. D. .... Tyro

#### Little River County.

Gallaher, Wm. M. .... Foreman  
 Wesley, L. Shirey. .... Foreman  
 Vaughan, W. E. .... Richmond



York, Wm. .... Ashdown  
Marr, S. C. .... Ashdown  
Rhodes, J. F. .... Ashdown

#### Logan County.

Armstrong, N. E. .... Booneville  
Bennett, W. H. .... Paris  
Baskerville, W. F. .... Booneville  
Fletcher, T. M. .... Paris  
Foster, M. E. .... Roseville  
Harkins, R. A. .... Ratcliff  
Hederick, A. R. .... Booneville  
Smith, J. J. .... Paris  
Shibley, J. S. .... Paris  
Thompson, R. C. .... Spiellerville  
McConnell, S. P. .... Booneville  
Hooper, W. F. .... Booneville  
Lipe, E. N. .... Blaine  
Smith, A. M. .... Paris

#### Lonoke County.

Abbott, C. C. .... Jewel  
Beaty, S. S. .... England  
Benton, T. E. .... Lonoke  
Brewer, Jno. F. .... Kerr  
Bowers, A. L. .... Keo  
Beakley, N. B. .... England  
Childers, J. M. .... Wattensaw  
Corn, F. A. .... Lonoke  
Cunning, Jno. R. .... Lonoke  
Murchison, A. J. .... England  
Niven, J. D. .... Tucker  
Southall, B. A. .... Lonoke  
Stovall, B. L. .... Lonoke  
Thibault, H. .... Scott  
Turner, W. S. .... Blakemore  
Thompson, W. A. .... Cabot  
Ward, D. D. .... England  
McCrae, W. M. .... Scott  
Chenault, J. C. .... England  
Tankersley, T. J. .... Tomberlin

#### Marion County.

Elton, Albert .... Bruno  
Weast, L. M. .... Yellville  
Thompson, J. L. .... Yellville

#### Miller County.

Beck, E. L. .... Texarkana  
Darracott, J. C. .... Texarkana  
Dale, J. R. .... Texarkana  
King, Marion .... Texarkana  
Kittrell, T. F. .... Texarkana  
Lee, A. G. .... Texarkana  
Lightfoot, J. A. .... Texarkana  
Mann, R. H. T. .... Texarkana  
Smiley, H. H. .... Texarkana  
McCurry, W. T. .... Texarkana  
Smith, C. A. .... Texarkana  
Webster, H. R. .... Texarkana  
Hunt, Preston. .... Texarkana  
Lennard, F. M. .... Texarkana  
Kosminsky, L. J. .... Texarkana

#### Mississippi County.

Borum, W. H. .... Blytheville  
Brewer, Thos. G. .... Osceola  
Collier, H. T. .... Osceola  
Crawford, H. F. .... Osceola  
Campbell, J. H. .... Bardstown  
Dunavant, H. C. .... Osceola  
Glenn, S. M. .... Blytheville  
Howton, O. .... Osceola  
Craig, E. C. .... Pecan Point  
Hudson, T. H. .... Luxora  
Dunn, D. M. .... Huffman  
Franklin, A. L. .... Manilla  
Noak, P. G. .... Bardstown  
Muntree, J. S. .... Minitree  
Self, S. M. .... Burdette  
Harbert, J. D. .... Marie  
Joyner, D. C. .... Joiner  
Lowry, S. A. .... Luxora  
Martin, S. P. .... Blytheville  
Nall, R. P. .... Armorell  
Prewitt, R. C. .... Osceola  
Robinson, F. A. .... Barfield  
Stevens, C. C. .... Blytheville  
Lunsford, J. A. .... Chickasawba  
Neal, S. R. .... Blytheville  
Parker, G. F. .... Blytheville

#### Monroe County.

Bradley, W. T. .... Monroe  
Houston, A. L. .... Clarendon

Murphy, F. T. .... Brinkley  
Murphy, N. E. .... Clarendon  
McKnight, E. D. .... Brinkley  
Saxon, R. L. .... Holly Grove  
Stout, J. T. .... Brinkley  
Sylar, T. B. .... Holly Grove  
Thomas, P. E. .... Clarendon  
Taylor, J. F. .... Holly Grove  
Terry, P. E. .... Brinkley  
West, R. M. .... Clarendon  
Marshall, G. H. .... Brinkley  
Miller, J. C. .... Blackston

#### Ouachita County.

Joyce, J. A. .... Millville  
Byrd, E. J. .... Millville  
Davison, A. .... Camden  
Early, C. S. .... Camden  
Hudson, G. W. .... Camden  
Henry, H. H. .... Eagle Mills  
Henry, J. T. .... Eagle Mills  
Mahan, J. M. .... Bearden  
Meek, J. W. .... Camden  
Morgan, C. M. .... Camden  
Newton, W. L. .... Camden  
Powell, B. V. .... Lester  
Purifoy, W. A. .... Chidester  
Rinehart, J. S. .... Camden  
Thompson, J. S. .... Stephens  
Word, N. S. .... Camden  
Rushing, J. L. .... Chidester  
McGill, A. G. .... Chidester  
Sanders, G. P. .... Stephens  
Haltom, N. F. .... Buena Vista

#### Perry County.

Blackwell, W. S. .... Fourche  
Howard, M. E. .... Perryville

#### Polk County.

Connally, D. W. .... Rocky  
Lee, F. A. .... Mena  
Parks, W. P. .... Mena  
Davis, J. R. .... Mena  
Izard, John .... Mena  
Hoge, A. .... Mena

#### Phillips County.

Altman, G. G. .... Helena  
Bean, J. W. .... Marvell  
Brown, E. T. .... Barton  
Bruce, W. B. .... Trenton  
Ellis, J. B. .... Helena  
Fink, M. .... Helena  
Hall, L. .... Turner  
Horner, A. A. .... Helena  
King, W. C. .... Helena  
Pearson, M. L. .... Poplar Grove  
Penn, G. E. .... Marvell  
Price, J. W. .... Marvell  
Rightor, H. H. .... Helena  
Russwurm, W. C. .... Helena  
Smythe, D. L. .... Fair  
Thompson, H. M. .... Marvell  
Trotter, C. H. .... Helena  
Cox, Allen E. .... Helena

#### Pope County.

Campbel, J. M. .... Russellville  
Drummond, R. M. .... Russellville  
Darr, Ray W. .... Atkins  
Gaddy, L. .... Atkins  
Montgomery, W. A. .... Atkins  
Hayes, F. T. .... Scottsville  
Ross, C. J. .... Caglesville  
Truitt, Ed. .... Dover

#### Prairie County.

Dickinson, Putnam. .... Des Arc  
Hipolite, W. W. .... Devall's Bluff  
Hipolite, F. A. .... Devall's Bluff  
Lynn, J. R. .... Hazer  
Parker, James .... Devall's Bluff  
Robinson, F. C. .... Hazen  
Woodworth, L. P. .... Devall's Bluff

#### Sebastian County.

Amis, J. C. .... Fort Smith  
Cooper, T. C. .... Fort Smith  
Eberle, J. G. .... Fort Smith  
Epler, E. G. .... Fort Smith  
Ewart, J. B. .... Midland  
Foltz, Jas. A. .... Fort Smith  
Foster, J. H. .... Fort Smith

Gardner, D. M. .... Fort Smith  
Hardin, A. E. .... Fort Smith  
Hatchett, H. .... Fort Smith  
King, H. C. .... Fort Smith  
McKelvey, A. A. .... Greenwood  
McLoughlin, J. A. .... Fort Smith  
McGinty, J. W. .... Fort Smith  
Moulton, H. .... Fort Smith  
Neal, Wm. .... Fort Smith  
Ryan, L. A. .... Fort Smith  
Routh, H. P. .... Hackett  
Buckley, Homer. .... Fort Smith  
Jones, E. M. .... Hartford  
Omelvina, J. G. .... Midland  
Bradley, Dr. .... Fort Smith  
Dorente, D. R. .... Fort Smith  
Holt, C. S. .... Fort Smith  
Taylor, J. M. .... Fort Smith  
Weems, W. .... Fort Smith  
Woods, C. G. .... Huntington

#### Searcy County.

Cotton, J. O. .... Leslie  
Daniel, S. G. .... Marshall  
Rogers, Wm. .... St. Joe  
Reece, J. E. .... Marshall  
Wood, E. W. .... Marshall  
Hurley, Jim. .... St. Joe  
Hollobrough, A. N. .... Leslie  
Smith, Ira. .... Gilbert  
Russell, R. L. .... Little Rock

#### Randolph County.

Hall, L. H. .... Pocahontas  
Hamil, W. E. .... Pocahontas  
Hughes, W. E. .... Pocahontas  
Johnson, J. J. .... Bigger  
Loftis, J. R. .... Maynard  
Pringle, C. E. .... Pocahontas  
Shaid, Carl. .... Pocahontas  
Shaver, P. M. .... Bigger  
Throgmorton, H. L. .... Pocahontas  
Brown, J. W. .... Foster  
Johnson, T. Z. .... Holmes  
Ruff, H. E. .... Pitman  
Brumley, G. W. .... Biggers  
Cox, F. W. .... Reyno  
Hull, H. B. .... Ravenden Springs  
Sheriff, J. P. .... Supply

#### Saline County.

Gann, Jewell. .... Benton  
Graham, C. J. .... Traskwood  
Melton, J. W. .... Alum  
Morris, W. E. .... Bauxite  
Phillips, J. M. .... Benton  
Steed, C. J. .... Chalmers  
Prickett, C. .... Traskwood  
Kelley, Warren. .... Benton

#### Sevier County.

Clingen, A. J. .... Ben Lomond  
Isbell, F. T. .... Horatio  
Lindsey, W. S. .... De Queen  
Norwood, M. L. .... Lockesburb  
Riser, F. L. .... De Queen  
D. A. Maxwell. .... Lockesburg  
Hopkins, R. L. .... De Queen  
Miller, W. A. .... De Queen  
Archer, C. A. .... DeQueen  
Kitchens, C. E. .... Lockesburg  
Hopson, E. W. .... Lockesburg  
Phillips, P. H. .... Horatio  
Meehan, D. L. .... De Queen  
Hopkins, J. S. .... Nashville

#### Sharp County.

McGavic, W. S. .... Hardy  
Johnston, Wm. .... Hardy  
McGee, J. P. .... Sidney  
Pounders, W. E. .... Sydney  
Rodman, I. N. .... Sidney  
Watkins, J. M. .... La Crosse  
Woods, T. J. .... Evening Shade

#### St. Francis County.

Alley, W. H. .... Forrest City  
Beauchamp, N. P. .... Forrest City  
Bogart, J. A. .... Forrest City  
Bogart, H. D. .... Wheatley  
Ferel, A. B. .... Widener  
Hare, J. L. .... Wynne

Merritt, L. H. ...Forrest City  
McCormack, A. G. ...Goodwin  
Reynolds, Dr. ....Colt  
Rush, J. O. ....Forrest City  
McDougal, J. F. ....Newcastle

#### Union County.

Colvin, H. R. ....Strong  
Bailey, J. T. ....Huttig  
Hilton, R. A. ....El Dorado  
Johnson, J. B. ...Champagnolle  
Moore, J. A. ....Lisbon  
Neihuss, H. H. ....Wesson  
Pettus, C. S. ....El Dorado  
Proctor, F. L. ....Junction City  
Purifoy, L. L. ....El Dorado  
Rowland, R. E. ....Huttig  
Sellers, W. M. ....Junction City  
Sheppard, J. M. ....El Dorado  
Thompson, S. E. ....El Dorado  
Wharton, J. B. ....El Dorado  
Ward, W. W. ....Strong  
McGraw, Dr. ....Wesson  
Harper, W. L. ....Junction City  
Bird, W. H. ....Smackover  
George, I. M. ....El Dorado  
Mayfield, A. M. ....Shuler  
Thurman, J. W. ....Lisbon  
Murphy, A. H. ....El Dorado  
Powell, J. P. ....Strong  
Stedman, S. S. ....Smackover  
Thompson, C. E. ....Wesson  
Murphy, Geo. W. ....Strong  
Mahoney, F. E. ....El Dorado  
Wadley, E. R. ....Wesson

#### Washington County.

Canon, J. S. ....West Fork  
Christian, E. ....Springdale  
Dinwiddie, R. R. ...Fayetteville  
Ellis, F. F. ....Fayetteville  
Gregg, A. S. ....Fayetteville  
Miller, Otey ....Fayetteville  
Moore, A. I. ....Fayetteville  
Paddock, C. B. ....Fayetteville  
Southworth, J. R. ...Fayetteville  
Welch, W. B. ....Fayetteville  
Wood, H. D. ....Fayetteville  
Yates, W. N. ....Fayetteville  
Young, F. B. ....Springdale  
Young, John. ....Springdale  
Christian, O. ....Elkins  
Hardin, Nina V. ...Fayetteville  
Perkins, C. F. ....Springdale  
Wilson, E. E. ....Springtown

#### Woodruff County.

Biles, L. E. ....Gregory  
McKie, J. D. ....Cotton Plant  
Morris, J. W. ....Devew  
Patterson, R. B. ....Augusta  
Smith, R. N. ....Augusta  
Utley, V. S. ....Augusta  
Waldrop, J. G. ....Augusta  
Bradford, T. B. ...Cotton Plant  
Brewer, E. F. ....Grays  
Fletcher, B. A. ....Augusta  
Gephart, R. T. ...Cotton Plant  
McCain, W. T. ....McCrory  
McKnight, C. H. ....Augusta

#### Yell County.

Cowger, Robt. ....Danville  
Grace, John ....Bellville  
Harkness, J. H. ....Bellville  
Jackson, N. H. ....Pontoon  
Linzey, J. R. ....Dardanelle  
Love, L. E. ....Dardanelle  
McKenzie, A. H. ...Dardanelle  
Miller, S. E. ....Dardanelle  
Montgomery, H. L. ...Gravelly  
Worsham, M. A. ...Centerville  
Wilson, E. L. ....Fowler  
Linzy, C. B. ....Plainview  
Hart, J. D. ....Dardanelle  
Cunningham, B. L. ...Dardanelle

#### White-Cleburne.

Cleveland, J. C. ....Bald Knob  
Ellis, W. A. ....Walker's Store  
Edwards, D. H. ....El Paso  
Grammar, J. B. ....Searcy  
Holland, W. G. ....Searcy  
Little, R. S. ....Judsonia  
Hassell, J. W. ....Rosebud  
Haskell, A. B. ....Rosebud  
Jones, J. L. ....Searcy  
Jelks, J. M. ....Searcy  
Moore, L. E. ....Searcy  
Moncrief, J. J. ....Beebe  
Major, J. R. ....Center Hill  
Starks, C. B. ....Shiloh  
Tapscott, S. T. ....Searcy

#### Pulaski County.

Rathurst, Wm. R. ...Little Rock  
Bauduy, Keating. ...Little Rock  
Bentley, E. ....Little Rock  
Bledsoe, E. P. ....Little Rock  
Bentley, C. E. ....Little Rock  
Cantrell, G. M. D. ...Little Rock  
Christian R. B. ....Little Rock

Carmichael, A. L. ...Little Rock  
Cunningham, J. C. ...Little Rock  
Davis, E. N. ....Little Rock  
Dibrell, E. R. ....Little Rock  
Dibrell, J. L. ....Little Rock  
Dunaway, W. C. ...Little Rock  
French, F. L. ....Little Rock  
Flinn, B. W. ....Little Rock  
Gibson, L. F. ....Little Rock  
Gray, Oscar ....Little Rock  
Harris, A. E. ....Little Rock  
Hardeman, D. R. ...Little Rock  
Hodges, Edgar E. ...Little Rock  
Holiman, J. E. T. ...Little Rock  
Hodges, T. E. ....Little Rock  
Illing, W. P. ....Little Rock  
Judd, O. K. ....Little Rock  
King, U. S. ....Little Rock  
Kirby, H. H. ....Little Rock  
Lenow, J. H. ....Little Rock  
Lindsey, R. W. ....Little Rock  
McClain, M. D. ....Little Rock  
McCaskill, M. E. ...Little Rock  
Miller, W. H. ....Little Rock  
Ogden, M. D. ....Little Rock  
Runyan, J. P. ....Little Rock  
Scott, A. H. ....Little Rock  
Scott, C. V. ....Little Rock  
Shinault, C. R. ....Little Rock  
Sheppard, J. P. ...Little Rock  
Smith, Morgan. ...Little Rock  
Snodgrass, W. A. ...Little Rock  
Stark, L. R. ....Little Rock  
Steer, S. L. ....Little Rock  
Stinson, H. C. ....Little Rock  
Stover, A. R. ....Little Rock  
Stewart, S. S. ....Little Rock  
Sweatland, A. E. ...Little Rock  
Thompson, Wm. ...Little Rock  
Vaughter, S. P. ...Little Rock  
Vinsonhaler, F. ...Little Rock  
Vaughan, Milton. ...Little Rock  
Watkins, C. ....Little Rock  
Watkins, J. G. ....Little Rock  
Wayman, A. K. ....Little Rock  
Witt, C. E. ....Little Rock  
Young, J. M. ....Little Rock  
Stephenson, C. C. ...Little Rock  
Zell, A. M. ....Little Rock  
Walt, D. C. ....Little Rock  
Watkins, Anderson. ...Little Rock  
Meek, E. ....Argenta  
Prothro, H. ....Argenta  
Quidor, J. E. ....Argenta  
Sharpe, E. ....Argenta  
Howell, A. R. ....Argenta



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### *Original Articles.*

#### SURGICAL TREATMENT OF RETROFLEXION:

##### REPORT OF CASES\*

By W. H. Miller, M. D., Little Rock.

There have been many classifications made of this most common of all uterine displacements, all of which are open to criticism. But careful observation, as well as the teaching of others, leads me to believe that retroflexion undoubtedly occurs more frequently in parous than nulliparous women, and the reason is not difficult to assign, for we find labor itself is a most common cause. It is not infrequent to have lacerations of the support from below, and if this is not the case, the supporting muscles, fascia, and other tissues are so stretched by the process of child-bearing that backward displacements occur. The uterus itself also plays an important part. Many women when they are confined are not able to remain in bed and have the care which their condition deserves. Their family duties require that they should be up and about before involution has been completed. Or, perhaps, the mother is of a restless disposition and refuses to remain in bed as long as she should, and in her desire to be out in society, resumes a tight corset, which presses the uterus out of place, and as there is no support posteriorly, this organ soon takes on one of the various degrees of prolapsus. Perchance this is accompanied by a pelvic infection, then the condition of the patient becomes pitiful. After the acute symptoms subside, she continues to suffer more or less, until she is subjected to the proper surgical treatment. In nulliparous women retroflexion can be traced to some traumatism, as a fall, or, perhaps, to their occupation.

It is commonly found in saleswomen, or persons whose occupation compels them to sit with their bodies bent forward, as at the sewing machine, thus crowding their abdominal viscera against the pelvic organs and forcing the uterus backward.

So long as displacement is unaccompanied by an

inflammatory condition of either the womb or its adnexa, the woman may go for a considerable time without consulting her physician.

The symptoms accompanying a retrodisplacement are due principally to the complications with which they are associated and may be found only in the routine of examinations made for other troubles. There are probably cases that exist for years without being discovered, but woe to that woman if she should once receive an infection of her uterus, tubes or their surrounding tissue. After this occurs the condition is too well-known to be dwelt upon here, and it is to this class of cases I wish to direct your attention. I would say that my experience leads me to believe that the only proper surgical treatment is by means of a medium abdominal section which permits of a thorough exploration of the pelvic and lower abdominal viscera, and the proper treatment of the diseased organs.

The operations for retroflexion are so numerous and the technique so varied as to preclude a description of them all, I shall confine myself to one operation which, while it is not applicable to all retroflexions, is the one which I have found to be the most generally useful in a majority of cases requiring surgical treatment.

The name of Alexander is justly associated with every operation of shortening the round ligaments for retrodisplacements, and the operation devised by him has, in a large measure, been superseded by modifications that are much easier of execution, more positive in their results, and less apt to be followed by unpleasant sequelae.

The internal Alexander operation, as originally devised by Gilliam, has been modified until it meets the requirements as described by that author "as an operative device for retaining the uterus in normal poise; one that will utilize the natural supports of the organ insuring a certain amount of mobility and adapt itself to changes produced by pregnancy and parturition." The usual median abdominal incision is made and the uterus is freed from any adhesions. The ovaries and tubes are subjected to inspection and such treatment given as their condition demands. The fundus is held in position by a pair of forceps

\*Read in the Section on Obstetrics and Gynecology, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

devised for that purpose. The finger is placed on the posterior surface of the broad ligament which is lifted up, and the round ligament is brought into view, grasped by a delicate forceps one and a half inches from its uterine attachment, which is the strongest part of the ligament and not likely to stretch and give way like its distal end. The internal opening of the inguinal canal is now sought for, the abdominal fascia is exposed to a point one inch toward the median line from above the internal opening of the canal. The fascia, muscles and peritoneum are punctured at this point and the round ligament drawn through the opening thus made and stitched to the fascia with linen thread. The opposite side is treated in a similar manner and the abdomen then closed. This permits sufficient movements of the fundus as to not embarrass the function of the bladder, and the ligaments grow and develop with the uterus should a pregnancy occur.

I have done this operation in over fifty cases and have not yet had a failure to report. In one case I opened the abdomen for other causes, after the woman had given birth to a child, and found the uterus in its normal position. I will report this case as it was one of my first operations, and has stood the test of years, the birth of one child and an abortion.

The woman was the mother of two children, and during her third pregnancy she decided she did not want any more children, so she set about to produce an abortion by introducing a knitting needle into the uterus several times until she succeeded in bringing about a discharge of blood, and in a few days was seized with rigors and symptoms of sepsis. A competent physician was employed, who at once curetted her, and in a few days she was able to resume her work, which was that of a seamstress. About six weeks later she was taken ill again and her physician diagnosed the trouble as a cul-de-sac abscess. She was sent to a hospital, the abscess drained, and she made a speedy recovery.

After about two years she consulted me for a bearing-down sensation and rectal tenesmus. Digital examination revealed an extremely retroflexed uterus, thickened left tube and enlarged and tender ovaries. She readily consented to an operation, which was done as described, excepting that the round ligaments were drawn through the abdominal muscles and fascia nearer the abdominal opening. The left ovary and tube were removed and the perineum repaired. She left Little Rock soon after the operation.

About a year ago she had an attack of appendicitis, and as soon as the symptoms subsided she returned to Little Rock for an operation, stating that she had been in perfect health with

the exception of the attack of appendicitis, from which she was just recovering. She had given birth to another child, and had had another pregnancy which terminated in an abortion. Her appendix was removed, which showed evidence of a recent inflammation. Her left ovary had a cyst in it about the size of a grape, which was opened. Her uterus was in a normal position, just as it had been left seven years ago; a slight laceration of the perineum was repaired, and she is now well again, and her husband writes that he hopes she will give him a rest on operations for a while.

Case No. 2 was one on which I did a Wylie operation. This operation consists in twisting the round ligament upon itself and sewing it together. Everything went well until she became pregnant and suffered from an attack of vomiting. Her physicians being unable to secure a movement of her bowels, decided that a laparotomy would be required, and she was sent from Texas back to Little Rock for the operation. By the time she arrived here the vomiting stopped and her bowels responded to purgatives and, very much to her gratification, on the third day after her arrival, upon going to stool, she passed a four months' foetus. She received the proper treatment for her miscarriage and six weeks later I found her again suffering from retroflexion, which was treated by the operation described in the first part of this paper. She is now well, has taken on flesh and writes that she feels better than when she was a girl.

Of all the cases operated on there have been no deaths. In one case only have I had any serious complication, and that was an operation done last December. The patient is now suffering from edema of her left leg. The operation was a long and tedious one, necessitating amputation of part of an elongated cervix. There was a large cyst on the right ovary and hydrosalpinx of the left tube. I do not know just how to explain the edema of the left leg, as she showed no signs of a septic infection of either the veins or lymphatics. I am having her take mercury and iodide of potash, as her family physician advises me she had syphilis some two or three years previous to her operation. I am pleased to say that she is much better at present.

I have not taken time to tabulate the cases operated on, but I have attended several of them in confinements and have not found any of the labors complicated by the treatment they have received. In one case the patient suffered during a previous pregnancy intensely from an incarcerated uterus until it developed to such an extent that the fundus slipped above the sacral promontory, when she experienced immediate relief from her vomiting and other sufferings. I



advised an operation some six months after her labor, which was done, and in the following pregnancy she had little vomiting, no suffering and a normal pregnancy and labor. The uterus is now in a normal position. In many of the cases both ovaries were diseased and removed, and, of course, they have never become pregnant.

#### DISCUSSION.

Dr. A. G. Dickson, Paragould:—Dr. Miller has had such excellent results and has been so successful in the treatment of his fifty cases, that his method is one that I could not criticise. I have been going a little further with the operation than he described. I understood him to say that he peeled back the peritoneum and brought the tube up and stitched it to the fascia. I also do that, and then I further bring up the distal end by tying cat-gut one and one-half inches further down, and bringing them up from each side and tie them together in the middle, after sewing up the muscles and the peritoneum; tie over the muscles in the center and stitch them together, which gives them still stronger support. To my mind it is the only operation to do now. I cannot understand why any doctor should attempt to do a ventral fixation, or an external Alexander, or the old tube-twisting, after he has once seen the operation done that the doctor has described.

Dr. Miller:—I want to thank Dr. Dickson for mentioning that operation, or his modification, because I want to condemn it. I suppose he meant by the tube the round ligament. When you bring the ligaments together and stitch them together in the median line, that is all well and good if you don't have infection. But we cannot tell when there is going to develop a stitch abscess. If a stitch abscess occurs, where the two ligaments are brought together, there will be an infection. I have never seen the operation done but once as he described it, and in that case there was an infection in the lower part of the stump. However, in this case it did not result in any trouble. The reason for that was, I think, that the infection was slight.

#### IMMEDIATE REPAIR AND AFTER-TREATMENT OF LACERATIONS OF THE PERINEUM.

By W. A. Snodgrass, M. D., Little Rock.

ANATOMY.—The perineum, pelvic diaphragm, or inferior wall of the pelvis, is composed of skin, superficial and deep fascia and muscles, and is perforated in the female by the rectum, vagina and urethra. The rectum alone is closed by a

true sphincter. The walls of the vagina and urethra are kept in close apposition to each other principally by the action of the levator ani muscle which lifts up the lower end of the rectum and flattens out the structures between it and the pelvic arch, the action of this muscle being somewhat increased by the contraction of the transverse perinei and the bulbo-cavernosi muscles which are situated on each side of and below the vagina. The muscles of the pelvic floor are eight in number, namely, two bulbo-cavernosi, two ischio cavernosi, two transverse perinei, the levator and the sphincter ani.

ACTION AND MECHANISM.—The ischio-cavernosi arise on each side from the tuberosity of the ischium and the ischio-pudic ramus, and are inserted into the sides and under the surface of crus clitorides. They constrict the crus clitorides and by retarding the return of venous blood assist in maintaining the erection of the organ.

The bulbo-cavernosi muscles arise in the perineum and pass forward, one on each side of the vagina, and are inserted into and around the corpora cavernosi of the clitoris. They assist to keep the vulvo-vaginal orifice closed and also to maintain the clitoris in erection by compressing the dorsal vein.

The transverse perinei muscles arise on each side from the ramus and tuberosity of the ischium and are inserted into the perineum, where they blend with the muscle of the opposite side, the external sphincter ani, the bulbo-cavernosi and levator ani muscles. They assist in keeping the vulvo-vaginal orifice closed.

The levator ani muscle arises on each side from the posterior surface of the body of the ramus of the pubes, the spine of the ischium and the white line of the pelvic fascia, and passes downward and backward to be inserted into the sides and posterior wall of the vagina and into the rectum, where it blends with the muscles of the opposite side and is finally attached to the tip of the coccyx and the raphe extending from the coccyx to the rectum. These muscles compress and support the pelvic viscera, dilate the anus during defecation and draw the rectum, perineum and vagina upward under the pubic arch.

The sphincter ani muscle arises from the tip of the coccyx, surrounds the lower end of the rectum and blends anteriorly in the perineum with fibers of the transverse perinei and bulbo-cavernosi and levator ani muscles. It closes the lower end of the rectum and assists in the action of the pelvic diaphragm as a whole.

These eight muscles just described support and compress the pelvic viscera and maintain their normal relationship and equilibrium. They also surround and hold the lower portion of the rectum, vagina and urethra in position and enable

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them to properly perform the functions of defecation, coitus, child-bearing and micturition. These muscles are strengthened by layers of strong pelvic fascia which bind them together and increase their power. The levator ani muscles are the most important of the muscles of this group, as the support afforded the pelvic viscera depend entirely upon their integrity.

The perineum has been compared to a swing with each part representing some part of the swing. The pubic bone representing the beam; the urethra, rectum and vagina the seat; the levator ani muscle the rope; the ischio-cavernosi, bulbo-cavernosi, the transverse perinei and sphincter ani the guy cords to keep the seat steady.

So long as the levator ani muscle maintains its integrity the pelvic floor will support the superimposed pelvic organs, but when this muscle is torn the main rope of the swing is broken and there is a giving away of the pelvic support and a displacement of the organs.

If you have followed the description of each of the muscles described you can readily understand what functions would be impaired by an injury or tear of any of them. They all have important functions to perform and all should have our careful attention during and immediately after child-birth. I do not believe a woman ever feels normal after the integrity of any one of these muscles is destroyed, and I know she never does after the levator ani is functionless. The happiness of many noble women have been destroyed and many homes ruined on account of injuries to the muscles of this group, which have been neglected till their normal functions can never be established again. If we would exercise the same care in the immediate repair of the injury to the perineum that the surgeon is compelled to exercise in hunting up old atrophied muscles in some cases of secondary repair of this injury, we would be quite as successful in getting primary union and the functions of the parts would be fully 50 per cent better. Primary repair is at least 50 per cent easier. It should be the duty of every obstetrician to make himself thoroughly familiar with the different structures of these parts; after a thorough anatomical knowledge is possessed, the operation is simple indeed.

**THE OPERATION.**—Instruments needed: One pair dressing forceps, one perineal retractor, one needle holder, two needles (one inch and three inch, one-half curve), one pair thumb forceps, one pair of scissors curved on the flat, plain and chromic cat-gut, Nos. 1 and 2, in glass tubes, five yards of plain sterile gauze, one bottle of bi-chloride tablets, six clean towels or rags which can be immersed in bi-chloride solution and

wrung out and used to protect the parts and the patient during the operation.

An anesthetic may be given but it is not always necessary. It is much easier for the operator, if he moves the patient to a table near a window, if in day time; if the operation is done at night, a hand lamp in a convenient place or some one to hold the light, a railroad lantern is better. Two assistants should hold the patient's limbs two-thirds flexed. One of these assistants can hold the retractor, which should not be introduced until after the external parts have been cleansed with soap and water and washed off with 1-1000 bi-chloride solution. Introduce the retractor and wash out the vagina with pledgets of gauze and bi-chloride solution, introducing a large piece of gauze to prevent the flow from the uterus running over the field of operation. Approximate the parts and get the anatomical bearings; have a No. 1 chromic cat-gut threaded into a strong half-curved needle, not over an inch in length. Fasten the first stitch in the upper deepest part of the tear and sew up with a continuous suture approximating the parts carefully as they are sewed, building up the wound from the bottom. If the ends of the muscle are ragged or rough, they should be trimmed and approximated, but do not sew the skin with this stitch. Put in another one after the deep parts have been repaired and sew the skin closely with either interrupted or continuous suture; a sub-cutaneous suture is perhaps better if it does not require too much time. Finally, run two deep through-and-through sutures of No. 2 chromic cat-gut and tie at the edge of the wound, or near one of the needle holes to get the knot out of the way. Great care should be used and not get too much tension on the stitches. Remove the gauze from the vagina and keep the parts clean and as dry as possible by changing the vulval pads often. No douching is necessary. The parts should be sponged off with warm bi-chloride solution 1-3000 every twelve hours. If the patient can void her urine she should be turned on her face over a vessel and permitted to do so; if she cannot, she should be catheterized, aseptically, every eight hours.

The through-and-through stitches should be removed on the eighth day; the deep ones will be absorbed. The patient should not be permitted to get up for two weeks.

#### DISCUSSION.

Dr. W. H. Miller, Little Rock:—I have no adverse criticism to make of the paper and wish to commend the doctor very much. I think he is right in making immediate repair in perineal lacerations and the technique he has described is good. But I want to pay a tribute to the trained



nurse. The time is rapidly passing, I hope, when we will have to depend upon the old colored women and "grannies" to take care of our obstetrical cases. My experience has taught me that the reason primary operations are not more uniformly successful is because we don't take the care and pains that the cases require. Suppose that a man for a moment should come to you and say: "Doctor, my wife has a lacerated perineum. I want you to repair it." What do you think he would say to you if you were to say. 'Well, I will be down after I get through with my work, on my way home, probably 10 or 11 o'clock to-night. You have some old negro woman to get things ready and I will repair the perineum.' He would think that you were crazy. Now, did you ever stop to think that that is the way most of these lacerations are repaired? I have almost entirely abandoned repairing these lacerations unless I make up my mind to personally attend the patient or unless they have a trained nurse.

The best results I have ever had was in the case of a very poor woman whom I delivered instrumentally, a laceration extending into the rectum resulting. There I was in a family hardly able to have the necessities of life, no trained nurse or anybody to assist. So, I just went to work and repaired the laceration very much in the manner as described by Dr. Snodgrass. I went to see the woman three times daily and once at night, took care of her myself, and kept the parts clean and her bladder catheterized. She got up about three weeks later, and from that time to this has never made any complaint. If I had had a trained nurse in the case it would certainly have relieved me of a great deal of responsibility and a great deal of anxiety, and I would have felt that her chances of getting good results would have been increased. In conclusion, I wish to emphasize one point which is of much importance, and that is not to use too large a needle. A small, curved needle is much to be preferred to a large one.

Dr. H. C. Dunavant, Osceola:—I wish to differ with Dr. Snodgrass in one little point. He said the patient should not be out under two weeks. I think, owing to the formation of new connective tissue, that we cannot be too careful about letting these cases get up. If you let them get up in two weeks, you are mighty apt to break the tissue loose, and there is great danger of tearing loose of the united parts, and are more than apt to have to do another operation. I believe a woman who has had a lacerated perineum ought to be kept in bed for repairs one month before she is allowed to get up and go about her duties.

In regard to Dr. Miller's remarks commendatory of the trained nurse, my recollection now is

that the only case in which I had to do a second operation was where I had a trained nurse. The patient was a very small woman. I delivered her of a very large child. The perineum was torn up to the rectum. I repaired it, and had her in charge of a trained nurse. I did not get any results at all, and I did a second operation last year without a trained nurse and got good results.

Dr. W. C. Dunaway, Little Rock:—This is a particularly interesting subject to me, and I was very much delighted with the excellent paper which Dr. Snodgrass has given us. I think this is a field that the general practitioner should specialize in, because he has to do obstetrical work, and therefore will see many lacerations. I believe if the advice given by Dr. Snodgrass was more generally followed we would have fewer occasions to resort to the operations which Dr. Miller described to us in his excellent paper just read in this section: fixation, suspensions and Alexander operations for the varying degrees of descensus.

I believe every practitioner should learn how to properly repair a lacerated perineum. It is a simple matter. Dr. Snodgrass' technique is perfect, and any practitioner can learn it. It is not a field that can always be occupied or filled by the surgeon. There cannot always be a surgeon, gynecologist or obstetrician at hand to do these primary repairs. So the general practitioner must do the operation.

As to the failure in these cases my experience leads me to believe that the secret of success is to have a competent trained nurse employed in the case, and I was very sorry to hear Dr. Dunavant refer to the trained nurse in the manner in which he did. There must be some cases which reflect upon the doctor and not altogether upon the nurse (laughter). I believe, at least, that he should be generous enough to share the responsibility. However, I am sure that the doctor meant more levity than anything else in the allusion.

I believe that the observance of a few details in the after-treatment has more to do with success than the operative technique employed. If the muscles and the tissues are properly placed in apposition, and held so by proper stitching, union will usually result, provided the after-treatment is alright. The proper dressing of the parts and the proper protection of the repaired perineum are all-important. The best operators, doing the most perfect operations in these primary repairs will meet with failure if these few details of after-treatment are not carefully observed. It certainly is not right to put the entire responsibility of the case upon the nurse, no matter how well trained or competent she may

be. The doctor should give some attention himself to the case, and he should share the responsibility. If he says, "I have done the operation, nurse. I turn the case over to you, you are responsible," I don't believe that by such statement he shifts responsibility.

Frequently failure will come from a neglect to properly clear the uterus of clots contained. Although small, yet they induce or tend to produce continued sub-involution; and a continued lochial discharge extending over the usual time may be the foundation for the failure. It is very essential to success to relieve the uterus of clots. If there is a considerable unilateral tear of the cervix, it would be proper to repair at the same time. Of course the usual small tear is not considered. But there is usually a greater tear upon one side than the other, so that if it be repaired, the two sides are made equal, and uterus cleaned out, involution will take place surprisingly quick, and your patient will be up much quicker, and feel better when she does get up.

Dr. R. B. Christian, Little Rock:—I have been very much interested in the subject presented by Dr. Snodgrass and his method of early operation is beyond criticism. I have also been interested in the discussion upon the paper. No one doubts that immediate repair of the laceration is the best plan; it ought not to be deferred. And now, while we are discussing the repair of lacerations of the perineum, I think we should talk a little along the line of preventing them. It has always seemed to me that laceration of the perineum should never occur; that there was some fault in the anatomy of the parts, or, that there was some fault about the conduct of the labor in some way that caused the laceration. I have studied the mechanism of labor a great deal, and I have used different methods in conducting the labor so as to see if I could prevent lacerations by giving proper support and in looking after the parts closely. I think, from my observation, that a large majority of lacerations is caused by the shoulder rather than by the head. Now, if the head is improperly supported as it emerges, or lifted too high, as I believe it often is in a great many cases, you increase the pressure of the shoulder on the perineum. You lift the head, and of course that presses the shoulder down. If we would let the head drop until the upper shoulder passes under the pubic arch, while the under shoulder remains constant or recedes a little, and then, after the upper shoulder has gotten well out from under the arch, elevate the child just enough to keep it from smothering, the greatest factor in the production of laceration would be reduced.

Now, another method that I have adopted lately in several cases, and I think I will continue it

until I get some bad results, is to have the mother deliver on the side. I believe you can give the perineum better support that way, and the patient will not labor quite so hard or so strenuously, which is so often the cause of a lacerated perineum. The woman gets in too big a hurry, and her attendant is impatient and the efforts of both are entirely too strenuous; more so than nature intended.

Dr. H. Thibault, Scott:—Lacerations of the perineum are important because they do occur and they do not. I have often had a nurse say to me, "Doctor, so-and-so never gets a laceration of the perineum." I had a young physician say one day, "What do you keep these needles and things in your obstetrical case for?" I said, "To close up the perineum." He said, "I never get a laceration of the perineum. If you properly support it, it won't lacerate." Just a week after that he expected trouble in a case and sent for me in consultation. I was there about the time labor terminated. He said, "Now, doctor, I want to show you this perineum." I said, "Doctor, is that the way you examine the perineum to see if it is lacerated?" He said, "Do you see any laceration there?" I introduced two fingers into the vagina, and found a laceration about three inches long and one and one-half inches deep, but which did not extend through the skin on the outside. I said, "Doctor, it will take five or six stitches there, and you ought to have your needles with you."

After hearing the nurse say a certain doctor never had a laceration, I had the misfortune to wait on a woman that had been delivered by him at a previous time. When I got ready to sew up the laceration, the husband and wife were indignant. The latter said: "I didn't have anything like that with my first child, a bigger child than this. Here you have come and torn me in some way, and now you are going to sew me up." It happened that there was a big white scar in the left sulcus, a good deal longer than the laceration she had at the present time, filled in with scar tissue and not closed up. I directed the husband's attention to this scar, and said, "This is the side that was torn this time. There is the side that was torn the other time. This will be sewed up; that one was not." Whenever I hear a physician say he never had a laceration in primipara, I come to the conclusion that he is in the same boat with the physician who cures 100 per cent of his cases of pneumonia. He doesn't make a diagnosis.

Dr. A. J. Vance, of Harrison:—I am inclined to think that if Dr. Christian practiced up in Boone county where we have babies, he would have some lacerations in his obstetrical cases.

Dr. Christian:—Did I say once that we never



have any lacerations? I think the doctor must be laboring under the impression that I made such a statement when I did not.

Dr. Vance:—I thought you said it was unnecessary to have them.

Dr. Christian:—I said it was an abnormal occurrence, and it is, yet they occur just the same, and I have had them to occur in my practice.

Dr. Vance:—I beg your pardon; I understood you to say that lacerations were unnecessary.

There can be no excuse for neglecting or failing to repair the perineum at once. It can be done in nearly all cases without an anesthetic. I do not tell my patient what I am going to do, but just go ahead and get ready and do the operation without saying anything about it. If she complains too much, I use a little cocaine. Sometimes I use chloroform. Since I have been using silk-worm gut as a suture I have had no failures. Prior to the use of silk-worm gut, I had failures. But the silk-worm gut holds the parts so completely and so absolutely intact that I invariably get fine results.

Dr. H. R. McCarroll, Walnut Ridge:—I believe it is possible for injury and damage to be done in the pelvic floor without either laceration of the mucous membrane or of the perineum externally, and hematoma might be a result. I believe the best way to determine fully whether or not you have had any damage to the pelvic floor would be to pass the finger up into the vulva. I believe that ought to be done by every physician in every labor to determine the condition of the pelvic floor. Only a careful examination will reveal the extent of damage done, and the physician should thoroughly satisfy himself on this point.

Dr. W. E. Hughes, Pocahtontas:—I have not had much experience in repairing the perineum. In the ten cases I have operated upon, I only obtained perfect union in three. The seven where I did not get union was due to the fact that I did not use "grandpa's soap" and bi-chloride of mercury. If we clean and thoroughly prepare the parts and keep them clean and pure during the operation, good results are apt to be obtained.

Dr. H. H. Kirby, Little Rock:—One of the salient reasons why lacerations should be repaired at once is that during childbirth the parts are more or less paralyzed and stretched; and even though the muscular tissue does not regenerate from the tear, the torn ends do show multiplication of the nuclei and assist in the formation of granulation tissue. It takes approximately three days for granulation tissue to begin to form in a wound that is cleansed and kept clean. If this be true, there is no good reason why the laceration should not be repaired at once, because the paralyzed parts have been severely stretched

and certainly are not going to return to normal for some time. The support necessary to hold these muscular fibers together before the parts have returned to normal will certainly be strong enough to prevent any separation later and prevent that almost necessary operation which occurs in cases in which this is not done.

There is another point Dr. Snodgrass failed to mention, which is more of anatomical than of gynecological interest and it is in regard to the extent of the perineum which consists, not only of the small part between the rectum and the vagina, but the whole pelvic floor. It is divided into two portions by an arbitrary line drawn between the anterior parts of the ischial tuberosities into the rectal and urogenital triangles. This central part, which is usually spoken of by gynecologists as the perineum, is not really the perineum, but merely the perineal body. The perineum is bounded by the symphysis pubis, sub-pubic ligament, the descending ramus of the pubis, the ascending ramus of the ischium, the great sacro-sciatic ligament and the coccyx. The perineum, when the limbs are extended, merely consists of a narrow groove between the thighs. This is an anatomical distinction or differentiation that is so frequently overlooked by the gynecologist.

Dr. Snodgrass:—I don't believe that I can possibly reply to all of the points raised in the discussion. I hope the time will come when all obstetricians will acquaint themselves with this matter and make examinations for tears. I believe that tears will occur in a great many instances regardless of the obstetrical technique. It is impossible to prevent them. If we had the primitive woman that we started out with in the days gone by, in the time of Adam and Eve, the gynecologist might be without his occupation; we might get through very well. But the human family has departed from the normal and our women will continue to sustain lacerations of the perineum as a result of childbirth. I believe, carrying out Dr. Price's theory, we will have stronger mothers and a stronger race of people in time: when that time approaches, then we can dispense with this subject. But lacerations do occur and we can not prevent them since they do; and it is our duty to repair these parts and put our women in as good physical condition as we can. I doubt that we ever get them back in as good an anatomical condition as they were before, for it is a fact that more pelvic diseases are brought about by laceration of these parts than from any other cause. Prolapsus, displacements and all of these pathological conditions following the child-bearing epoch are due largely to complete tears of some part of the pelvic structure. The important functions that are controlled almost absolutely by these parts, should not be overlooked. Any de-

violation from a normal condition is a pathological one, and the very slightest tear, even if the important structures are not torn, should be repaired, thereby lessening the danger of sepsis. It may be that you can save a few fibers of the little muscles on the side that control some other function that is very important and essential.

I will not take up any further time with a general discussion of this subject. I think perhaps Dr. Kirby did not understand me. Just having come off a long journey, I could not read very distinctly owing to shortness of breath. We call the perineal diaphragm the pelvic diaphragm. I did not refer to the perineal body when I spoke of lacerations of the perineum. It has been so classified by authors, and in order to make a paper intelligent we can not go too far from the general classification. The tears of the perineal body, as a rule, are very simple; but at least 40 per cent of the tears during parturition are not in the perineal body. There are lateral tears and tears in the anterior fornix in the region of the bladder, and they are the most difficult to repair and usually are the ones that are overlooked. Make an examination of a great many patients as I have done for a long time; conduct a gynecological clinic and observe people that are in poor circumstances; mothers who have borne a great number of children, and you will be surprised at the number of old scars that you can find in the anterior vaginal wall up around the urethra, and the anterior fornix near the bladder.

The operation is easily done. I tried to simplify it just as much as possible. If you do not believe you can do the operation, try it, and keep trying until you do it. I am very much in sympathy with my friend who tried to repair ten and got three results. I congratulate him upon the three results. He did his duty. If you fail the first time, try until you succeed. If you haven't got "grandpa's soap," for God's sake get some other sort.

#### SKIN LESIONS AS DANGER SIGNALS.\*

By Nettie Klein, M. D., Texarkana, Texas.

So frequently are skin lesions nature's danger signal to disturbances in metabolism, that I would call your attention to a few of the interesting and important ones that go to prove and show that when there is a diseased condition of the skin we should not lose sight of the fact that we are not simply dealing with a membrane stretched mechanically over an artificial machine, but the living cover of the human body with numerous and important functions linked with the other living

and potential systems of the body, one needing the other to carry on its life's work.

**DRUG LESIONS.**—Skin lesions due to the systemic ingestion of drugs should be of interest to the general practitioner as well as to the specialist. The drugs capable of producing dermatoses are too many to enumerate here, while individuals possessing idiosyncrasies are numerous. The lesions of drug eruptions vary from a simple erythema to extensive pigmentation, pustules and bullae. If the danger signal is readily recognized and the drug withdrawn no further trouble follows. Pigmentation from other internal causes may occur; pigmentation, for instance, forming one of the important diagnostic features in Addison's disease, while flushing and sweating of the skin are frequent, accompaniments of the menopause.

**BOILS.**—Boils should not be treated as local troubles. They are invariably a danger signal and most always are due to lowered vitality, the micro-organisms producing the boil flourishing on such a medium. The urine should always be carefully examined for sugar or albumen, for we know the tendency of nephritic and diabetic patients to boils, ulcers, etc.

**ACNE.**—Acne is a danger signal which should not be ignored. Flourishing at a time in life when beauty should have full sway and its absence deplored, many young patients come to us merely for cosmetic purposes, not recognizing the fact that these pimples are oftentimes the signs of grave disturbances in metabolism, which, if allowed to go untreated, produce sooner or later retrograde changes in the organs and tissues of the body. I have made a routine practice of examining the blood and urine of every acne patient. The blood usually shows no change except a mild secondary anemia, while the urine in 90 per cent of my cases shows indican in varying degrees, showing that somewhere in the alimentary tract certain food elements were undergoing putrefactive decomposition. The finding of indican in these cases should not be lightly put aside, for there is no pathological condition that gives rise to a longer train of symptoms, nor one that deserves more consideration; and, to quote Dr. Porter, "until the profession as a whole grasps the extreme gravity and recognizes the frequency of indican in the urine and learns how to interpret correctly its true import, there can be but little progress in its successful management." Acne may be due to other causes but every case should be given due consideration.

**DERMAL NEUROPATHIES.**—There are many diseases of the skin with nervous impairment more or less distinctly concerned. The etiological connection of the nervous system with cutaneous diseases has been a subject of much discussion,

\*Read in the Section on Dermatology and syphilology, at the Thirty-Second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.



especially as to what are, and what are not, trophoneuroses. An example of the peculiar dermal neuropathies, and one with which you are all familiar, is herpes zoster, commonly called shingles. By some the pathological process of zoster is considered to be of toxic origin; however, as there is usually a neuralgia of varying intensity a few hours or a day before the appearance, and nearly always a post-zoster neuralgia, the nerve theory is most probable. A good many cases of zoster have been reported associated with the ingestion of arsenic in psoriatic patients, which shows again how arsenic may act in certain cases.

**ECZEMA.**—Eczema may be a blessing in disguise if its danger signals are recognized, properly regarded and correctly interpreted. A large share of the eczemas of the face and head in babies are connected with disturbances of alimentation, and in all cases of eczema we will find some underlying cause if we search faithfully and intelligently.

**TUBERCULOSIS OF THE SKIN.**—Lupus, which in many cases remains a local manifestation of tuberculosis of the skin, may be associated with closed tuberculosis, particularly in cases of long duration. Tuberculosis in any form, either internal or external, is one of the most important problems that confronts the world.

While we are soon to have an International Congress on Tuberculosis, it might be opportune to say that the medical profession can perform no higher service to humanity than to arouse the Nations to an appreciation of the destruction wrought by this universal enemy. When great calamities upheave cities, when thousands perish in shocking disasters, when storms and famine overwhelm vast numbers, the hearts of multitudes throb in sympathy, and yet there is with every people and in every clime today an unseen, sleepless fiend that destroys more people every year than sword, fire and pestilence. From the ice zones of the frigid north, across fair lands to the torrid zones of Mexico, stalks this pestilence of the noonday and desolation of the night. No invasion of one country by another in ancient, medieval or modern times, ever produced half the misery and dread sorrow which the tubercle bacillus causes in a single year. Five million of the human race annually succumb to this cruel tyrant. Our government has expended hundreds of millions on the machinery of war in order to be prepared against foes, and yet all the carnage of all the conflicts in our history will not equal the mortality from tuberculosis in the United States during the last decade.

If the medical profession exercising the prerogative of its sacred guardianship of man and its exalted duty, shall create for the government and

the people preventive measures against this frightful affliction, it will achieve a victory worthy of the heroic and noble past and prophetic of a more brilliant future.

In conclusion I would say, never ignore skin lesions. They are Nature's cry for help, Nature's danger signal, pointing their fingers to deeper and further trouble. Coming as I do from another state and another society I want to thank you for the honor you have extended me in allowing me to present these few lines; and my appreciation is emphasized and deepened by the fact that your chairman, Dr. A. U. Williams, has given me the entire space in his section.

## THE DOCTORS WIFE.

By Mrs. Sarah Dickson, Paragould.

*Mr. Toast Master, Ladies and Gentlemen:*

\*Why Dr. Wilson assigned to me this subject, and why I consented to write upon it, I do not understand. Knowing as I do the pass-word into this inner circle, and furthermore knowing the disposition of each of you to look not only into the physical being of mankind, but also into the very souls of those with whom you come in contact; and being assured that there will be no lack of criticism upon the person who does this subject justice, cause me to enter upon this duty with fear and trembling. From the beginning of the Christian era up to within the past century, in biographies kept of men of note, and more particularly of doctors, the husband had so far outstripped the patient little woman who so generously stayed by the stuff at home, that a worshipping, applauding public had forgotten her to the extent that she was not mentioned except in rare instances, and then only to say that "Dr. So-and-So was married." Daughters have been honored and favorable mention made of them; not so of the wife, yet she has been glad to make any sacrifice, and to use all the powers within her to help make her husband, the doctor, what the public required of him.

Happy is the girl usually who contemplates claiming a doctor for a life companion, Oh, the air castles she builds and the sweet joyous life she pictures when every day shall be one of sunshine and bliss. If she could but lift the veil and see into the future, perhaps she would hesitate, and then some of you poor doctors would never have gotten married. Love, how-

\*Read before the November meeting of the Greene County Medical Society, held in Paragould.

ever, the master of us all, has its way, and most doctors succeed in getting married.

All goes well for a season; no patient is so sick that the wife can be neglected. Soon in the wee small hours of the night, a rap is heard at the door, and it is "Come doctor, hurry, my wife is awfully sick." He sighs, but duty tells him that he must go, so he is off on his first country trip. The patron wonders at the great haste of the doctor as he wildly rides on and on in the midnight darkness, urging his noble steed to a greater speed until finally the destination is reached, the patient relieved and the doctor homeward bound. If the patron could but make this trip with the doctor, he would wonder if there was not a more urgent call at the other end of the line.

The wife, with a revolver at her side, at last hears the sweet clatter of horses feet, and knows that her long and lonely two hours vigil is at last ended, and is happy that she has lived through it. If this were the last midnight watch, well might she rejoice; but the time comes when these trips are more frequent, for they both awaken to the fact that life is real, and that people must not only be relieved from suffering and pain, but a living must be had. Work, delve and plan as they may, a bare living is all the reward for the first few years; then dawns a brighter and happier day. A little home can be bought and the small house furnishings added. Years of persistent work and thoughtfulness, with many and varied experiences as a stimulous, at last make them comfortable.

Disease now invades the home; this strong-minded, self-willed, kind-hearted man has fallen a victim to disease. He thinks he must prescribe for himself, and gives orders for his own comfort and well-being. You must be very quiet and look interested, for his case is too serious to jest about or to treat lightly. You must go on tiptoe and obey orders to a letter, or you will be dismissed and a more serious nurse substituted. The human actually crops out in these well-meaning, thinking men when disease has gotten its hold upon them. Sweet flowers, kind words, and small remembrances

are treasured by them more than they dare to own.

I have heard of just one man who was as unreasonable as a sick doctor can be, and he was an old sailor who, having spent all of his young life upon the sea, concluded in the evening of his life to marry and settle down on shore. But he missed the sound of the dashing and rolling waves so much that he never could get to sleep at night until his wife went out and dashed buckets of water upon the window panes till he was soothed off to slumber.

In thinking of that faithful wife as she toiled away at her nightly task, I can't help but wonder what the wild waves were saying to her. We wives from necessity have adopted a motto entirely foreign to other people. It is, "watch and wait." How many good dinners have been spoiled, and how many special dishes cast into the garbage can on account of waiting, only the doctor's wife knows. How many pleasant social affairs have been abandoned from too long watching and waiting, no one can so vividly picture as the doctor's wife whose heart is yet filled with keen regret and disappointment. The lessons of patience, long-suffering and forbearance, this waiting and watching have taught us, perhaps the doctor himself can best tell. While there is an amusing and pitiable side to the life of a physician's wife, yet there is something worth while. She is not expected to be like the commonality, but is considered a leader among her friends. Her experiences after all develop her into a stronger-minded woman than she otherwise would have been. Having been accustomed to thinking and working out her own salvation, she is capable of helping her weaker sister.

Another blessing that comes to a doctor's wife is that she does not have to take the "dope" administered to others. Her husband has been so busy listening to the other man's wife that he has neither time nor inclination to hear the story of his own wife's ills. So she must either resort to being her own doctor or see a brother physician. The latter however is rather a delicate thing to do, so the poor doctor's wife usually takes her own "calomel and quinine."



While other men's wives are enjoying life at the beach, or in the mountains, according to their doctors orders, she is at home patiently doctoring and nursing herself back to health. The triumphant march of woman first began when she held within her arms the infant King in star-lit Bethlehem. Since that time she has gradually come into her rightful heritage until this, the twentieth century, finds her honored and almost worshiped in Christian lands. I think that even the doctor's wife will finally come in for her share of attention, and her millennium will perhaps be reached when she learns that to be a success and appreciated, she must be with her husband much, study his profession, and try in every sense to be his equal. As he grows so must she. In this fast age not even love, the supposed ruling force of the universe, will count for much unless all other things are equal. It has been said that life is like a garment: turn it and the other side is quite different.

We have been dealing largely with the doctor's wife, but I feel that this paper would be incomplete if some special mention of the doctor himself were not made. Let us not forget that "all that glisters is not gold."

There is often a very pathetic side to the life of a physician as well as that of his wife. Perhaps no man has so many burdens cast upon him as the doctor. He meets his patients in times of mental anguish as well as physical pain. He comes into closer relations with them than the minister with his flock. For this reason it is deeply essential that there should be no better, purer man than he.

A good doctor is a blessing to any community

if he uses the means within his power to relieve and uplift his fellow man. It is not only medical service rendered but service given as man to man that helps to make the world better. We must further admit that as wives, we can not do the good in the world that our husbands can do. Our sphere usually is too circumscribed, and so our real usefulness to those around us as compared to theirs may be likened, perhaps, as shadow unto form; but it is good to know that shadows too, have had their mission in the world. The wounded and dying soldiers in the Crimean hospital who turned upon their beds to kiss the shadow of the saintly Florence Nightingale as it fell upon them, have told us that to them it was a holy shadow. The time seldom comes when a word or deed of honest appreciation, or regard, has not touched an answering chord in the hearts of any people. So we must go on in our quiet way bestowing whatever kindness we can, trusting that our reward may come "when our souls shall wing their flight to the great beyond."

For you, our husbands, who have been working all these years befriending the friendless, counting your time, your talents and the well-being of your bodies as naught when duty or danger calls you, and doing more than any other class of men for sweet charity sake, we sincerely hope that, when you have seen your last patient, and soothed your last aching brow, angels of mercy may attend you, and some gentle hand minister unto you; and when the Great Physician has called you, may you be ready to enter into that great eternity. If there is one crown brighter than another, may it be placed upon your tired and noble brow.

# THE JOURNAL

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No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### WORK FOR THE COUNCIL.

We are not pessimistic when we assert that the time has arrived in the history of the State Society when something must be done to maintain the uplift imparted to organized medicine under the reorganization of 1904 and the itinerary through the State of Dr. McCormack in 1906. For some time we have been making diligent inquiry to ascertain the cause of the general apathy and indifference which seem to possess the component societies; but notwithstanding a multiplicity of reports have been received in reply to our investigations, no satisfactory explanation has been given, at least no satisfactory conclusion can be drawn therefrom. That a lamentable condition exists is shown by the fact that very few societies furnish reports of their meetings. There are not more than a dozen good working societies in the State; by this is meant societies that meet regularly with good attendance and render a scientific program. A large number have not had a meeting since their last annual

report was filed in April. The purposes for which the societies were organized are not being lived up to, and to make the society something more than merely a means through which to reach membership in the American Medical Association, a thing subsidiary to the real purposes, seems to lie within the power or duties of the Councilors. We are confident that the Councilors can reanimate the component societies and put them in line for high accomplishments, and now is the time to begin to work.

## Editorial Clippings

### THE MURPHY TREATMENT OF GENERAL (FREE) PERITONITIS.

Every practicing surgeon, not already thoroughly familiar with the treatment of free peritonitis elaborated by John B. Murphy, and with the physiological and pathological observations on which it is based, should carefully study the paper read by him at the last meeting of the American Surgical Association, and published in *Surgery, Gynecology and Obstetrics*, June, 1908. In this, the minute anatomy and physiology of the peritoneum are discussed in their relation to absorption, and the bacteriology, etiology and clinical aspects of perforated peritonitis are clearly presented. On these subjects we shall not here enter. We desire, however, for the benefit of those of our readers who have not yet had the opportunity of reading it in the original, to concisely state the features of the "Murphy treatment" of acute peritonitis, as presented more at length in his latest utterance:

The prevention of absorption is of the greatest importance. The Fowler position is maintained not only post-operatively, but from the moment the diagnosis is made and even, as far as possible, during the operation. Peristaltic rest is encouraged by withholding food. Cold is applied to the abdomen. The use of opium is condemned. Operation is performed as soon as possible. If the case is twenty-four hours advanced, gastric lavage is done before operation. In intensely poisoned, cyanotic patients intravenous saline infusion is also made pre-operatively. Narcosis is not started until



the patient is ready for the incision. Ether is generally used, by the drop method; nitrous oxid gas, sometimes. The incision is made over the site of perforation, when this is known; otherwise on the right side. The leak is rapidly sought for and closed; a perforation should never be left unclosed. If the appendix is the cause of the peritonitis it is clamped and tied off quickly; burial of the stump consumes too much time. Speed is of great importance—"get in quickly, get out quicker." Irrigation is condemned—it prolongs the operation, removes protecting leucocytes, carries pus toward the dangerous diaphragmatic zone and increases absorption. Evisceration and much handling are avoided. Drainage is always to be instituted. Fenestrated or split rubber tubes, without gauze, are inserted to the site of perforation, the cul-de-sac of Douglas and other pus pockets. Glass tubes cause strangulation.

After-Treatment.—Fowler position. Continued proctoclysis (Murphy). This is administered at the rate of one and one-half to two pints every two hours. The fluid, normal saline solution at a temperature of 100°, flows from a fountain syringe (kept warm between hot water bags) at a height of 6 to 14 inches above the patient. The flow is through a 3/8-inch rubber hose of a hard rubber or glass vaginal douche tip with multiple openings, bent at right angles and so fastened to the thigh by adhesive strips that it will not fall out of the rectum. The flow must be maintained by gravity alone, never by a constriction on the tube; there must be easy flow to and from the bowel to prevent overdilatation and expulsion. Gastric lavage is repeatedly performed if there be nausea, vomiting or a tendency to gastrectasis. Antistreptococcic serum is given in streptococcic cases, where the leucocytic reaction is feeble. (The value of the differential leucocyte count is emphasized.) The dressing is changed as often as needed for comfort. The tubes are rotated a little every day to prevent closure of the fenestrae by adherent tissues. Suction and irrigation are condemned. Opium and other anodynes are never given. Adrenalin, strychnin, camphor and caffein are the best

stimulants. Calomel is administered in small doses. If adynamic ileus develops, carminative, saline or alum enemata are administered by fountain syringe. Eserin and artopin are employed hypodermatically. If this treatment does not relieve, and especially if borborygmus is observed, mechanical ileus is present and demands operation.

The Murphy treatment is gaining the support of most surgeons who have taken the pains to apply it properly. But more especially do we consider it worthy of thus detailing editorially because of the brilliant results achieved by it in the hands of its author. In his series of 51 cases, including five typhoid perforations, with 100% recovery, there were but two deaths—one from double pneumonia on the sixth day, and one from mechanical ileus! That this series included very grave cases is shown by the fact that seven had to be re-operated for circumscribed pus accumulations, and six for mechanical obstruction. It may well be said that the treatment of appendicitis and of acute peritonitis is distinctively a triumph of American surgery.—*American Journal of Surgery.*

### CHOLECYSTITIS.

Next to appendicitis, no disease of the abdomen has attracted so much attention during the past ten years as inflammation of the gall bladder and gall ducts, and few subjects have undergone such a complete evolution. Appended to this may be found, by way of illustration, a list of the original articles on this subject which have appeared in the Illinois Medical Journal and the Journal of the American Medical Association during the last two and a half years. It is said that over one thousand articles on this subject are to be found in the medical literature of the past ten years. Only a few years ago the profession had a very uncertain understanding of "gallstone disease," while "catarrhal jaundice" was a term used to designate an indefinite group of symptoms covering practically all the other diseases of these tracts not covered by "gallstone disease" or "gallstone colic." The element of infection has only recently been accorded a position of

importance among the etiological factors, and as the study of the relation of infection to diseases of the gall ducts progresses, it has assumed more and more importance until some observers consider it to be the cause of the gallstones as well as all the other diseases of this region. The new nomenclature of these diseases would seem to divide diseases of the gall bladder and bile tracts into two classes; first, inflammatory diseases; second, tissue degenerations.

It is quite worth while from every point of view for the general practitioner to carefully review the literature of this subject, and especially to revise his interpretation of such symptoms as "substernal pressure," "a boring sensation behind the middle or lower fourth of the sternum," "vague sensation of discomfort at the pit of the stomach," "persistent desire to belch," "a pain in the region of the medium line," "chill followed by pain in these regions," "pain in the epigastrium or between the shoulder blades or under the right shoulder blade" and "vomiting followed by severe pain." These symptoms, with the absence of fever, leucocytosis or jaundice, or accompanied by "soreness in the epigastrium," "epigastrium pressure," "dyspeptic disturbances," "flying pains," "pains simulating other disorders, as of the stomach or heart," "unnatural mouth conditions," "loss of appetite" and "loss of weight," should always lead us to make a very careful physical examination which will probably confirm the clinical picture of infection of the gall bladder or bile ducts by the discovery of local tenderness in the region of the gall bladder, and bimanual examination may reveal a local swelling in the same region. Rigidity of the upper portion of the right rectus muscle may assist in arriving at a correct diagnosis in acute cases.

In chronic cases the history of such an attack or attacks of illness accompanied or followed by one or more of the above symptoms should be regarded as of very great importance. Whenever a patient has had periodical attacks in which several of the above symptoms of disease of the stomach, heart or lower abdomen are absent, we will usually find them due to

infection of the gall ducts or gall bladder. In one patient the digestive disturbances will be most prominent, another will have continuous feeling of distress in the epigastrium, while in a third, pain behind the sternum, between the shoulder blades or under the right shoulder over the region of the gall bladder. A history of attacks presenting some of these symptoms closely following child-birth or typhoid fever, should arouse suspicion. We must remember that only about 25 per cent of patients suffering from infection in this region will complain of digestive disturbance and a considerable number will only present symptoms of abdominal pain of an indefinite character. Not more than 25 per cent will give a history of typical attacks of acute cholecystitis and a much smaller percentage will give a history of attacks of gallstone colic or jaundice.

The diagnosis in the great majority of cases will only be made after a careful study of the clinical symptoms presented by the patient over a considerable period of time confirmed by a physical examination. Where the symptom-complex is somewhat doubtful and the physical examination uncertain, the exclusion of disease of the stomach or other organs will enable us to arrive at a reasonably certain diagnosis.—*Illinois Medical Journal*.

### **District and County Societies**

**BENTON COUNTY.**—The December meeting of the Benton County Medical Society was held in the parlors of the Oaklawn Inn, at Sulphur Springs on Tuesday the 8th. Dr. O. H. Bufington, of Decatur, was elected to membership. The scientific program was of much interest and was participated in by all members of the society. Officers for the ensuing year were elected: President, Dr. C. A. Rice, Gentry; Vice-President, J. L. Smiley, Bentonville; Secretary-Treasurer, Dr. J. H. Beard, Gentry. Dr. Chas. E. Hurley, of Bentonville, was elected a member of the Board of Censors for the term of three years. Dr. J. T. Clegg, of Siloam Springs, Dr. R. S. Rice, of Rogers and Dr. Chas. H. Cargile, of Bentonville, were appointed on the Legislative Committee.

DR. J. H. BEARD, Secretary.



DREW COUNTY.—The Drew County Medical Society met at Monticello, December 8th, in the office of the President, Dr. A. S. J. Collins. The following officers were elected for the ensuing year: President, Dr. A. S. J. Collins, Monticello; Vice-President, Dr. S. Harris, Wilmar; Secretary-Treasurer, Dr. M. Y. Pope, Monticello; Censor, Dr. R. N. Smith, and Dr. A. S. J. Collins. The Post Graduate Course of Study was adopted.

E. R. COTHAM, Secretary.

GREENE COUNTY.—The Greene County Medical Society will hold its next meeting at Paragould, and the advanced program is one that should be imitated by every component society. It is as follows: "The Doctor as a Successful Business Man," by E. L. Kennedy, M. D., Marmauke; "The Safest and Most Effectual Means of Dodging Deadbeats," by W. R. Owens, M. D., Paragould; "How to Keep Both Ends Within Hailing Distance of Each Other," by Thad Cothorn, M. D., Walcott; "Gold Bricks I Have Met," by Olive Wilson, M. D., Paragould. At the November meeting Mrs. Sarah Dickson, wife of Dr. A. G. Dickson read a paper entitled "The Doctor's Wife," which was one of the feature of the program. (See page 177).

OLIVE WILSON, Secretary.

OUACHITA COUNTY.—At a regular meeting of the Ouachita County Medical Society, held at Camden on December 3, the following officers were elected for the ensuing year: President, Dr. C. S. Early, Camden; Vice-President, Dr. N. S. Word, Camden; Secretary-Treasurer, Dr. J. T. Henry, Eagle Mills. Dr. W. H. Simmons, of Fordyce, was elected to membership, there being no society in Dallas County. Dr. John F. Bogard, formerly of Des Arc, has located in Camden. At the January meeting the matter of establishing a hospital in Camden will be discussed.

J. S. RINEHART, Secretary.

PHILLIPS COUNTY.—The Phillips County Medical Society at the last meeting held on December 1st, elected the following officers for the ensuing year: President, Dr. J. W. Bean, Marvell; Vice-President, Dr. W. C. King, Helena; Secretary and

Treasurer, Dr. H. H. Rightor, Helena; Censor, Dr. M. L. Pearson, Poplar Grove; Delegate to the State Society, Dr. M. Fink, Helena; Alternate Delegate, Dr. W. C. Russwurm, Helena. The meeting was well attended, the Committee on Program having arranged quite an interesting symposium on Fractures. The next meeting will be held Tuesday, January 5th, 1909, at Library Hall.

W. C. KING, M. D. Secretary.

PULASKI COUNTY.—On December 14, 1908, the Pulaski County Medical Society met in regular session. The Society was called to order by President Dibrell, fifty-one members being present. The minutes of the last meeting were read and approved and the regular order of business was then taken up. Dr. W. C. Dunaway presented an able and scholarly paper on the subject of "Gastro-Duodenal Dilatation." He pointed out the anatomical basis underlying the condition and said that chronic dilatation occurred largely as a result of viserapotosis. In referring to the treatment Dr. Dunaway spoke strongly in favor of gastro-enterostomy as being the most rational procedure and reported some excellent results which he had obtained in experimental canine surgery. Dr. J. P. Runyan in opening the discussion spoke of acute post-operative dilatation and called attention to the necessity of early recognition of the condition. Dr. Anderson Watkins said that in his opinion many cases of chronic dilatation were toxic in origin and reported a case of acute articular rheumatism with dilatation. In closing the discussion Dr. Dunnaway spoke briefly on account of the press of business before the society.

The Committee on Credentials reported favorably on the application of Dr. M. P. McNeil, of Little Rock, and he was unanimously elected a member of the society. The application of resignation of Dr. Keating Bauduy, from the Pulaski County Medical Society was read and accepted by the society. The papers in the case of the Home Water Company, which were referred to the Society by the City Council, were, on motion, referred to a Committee appointed by the president consisting of Drs. L. P. Gibson, M. D. Ogden and E. P. Bledsoe, who will report at the next meeting of the Society. The

annual election resulted in the election of the following officers: President, Dr. O. K. Judd; Vice-President, Dr. M. D. Ogden; Secretary, Dr. E. P. Bledsoe; Treasurer, Dr. S. U. King. On motion a vote of thanks was extended to the retiring officers, after which, there being no further business, the Society adjourned.

E. P. BLEDSOE, Secretary.

SEVIER COUNTY.—The regular meeting of the Sevier Medical Society was held at De-Quecn, November 17, 1908. Members present: Drs. Johnson, Riser, Lindsey, Hammond, Archer, Miller, Wisdom, Elliott, Hendrix, Norwood, Hopson, Maxwell, Isbell, Phillips, Beauchamp and Hopkins. The meeting was called to order at 10:45 a. m. by Vice-President F. L. Riser. After reading the minutes of the previous meeting, Dr. E. W. Hopson read a paper on "Pernicious Malaria," which was fully and freely discussed by the Society. After the reading of this paper, the Society repaired in a body to the Howard Cafe where abundant refreshments were served. The Society reconvened at 1:30 p. m., and the program was continued as follows: Dr. R. L. Hopkins read a paper entitled "Diagnosis and Treatment of Suppression of Urine," which brought out a free discussion. Dr. W. S. Lindsey conducted the following quiz:

1. What is chyme? chyle?
2. How does the movement of the fluid in the lymphatic system differ from that of the blood and where is it mixed with the blood?
3. What organs are supplied by the pneumogastric nerve?
4. What glands are found in the jejunum?
5. Name the bones of the wrist?
6. How would you diagnosis and treat simple gastric ulcer?
7. How would you operate for piles?
9. Give physiological and therapeutic action of quinine?

These quizzes always create enthusiasm and have proven a great benefit in creating unusual interest in our meetings. The following officers were elected to serve the Society another year: Dr. F. T. Isbell, of Horatio, President; Dr. F. W. Hopson, of Lockesburg, Vice-President, and Dr. P. H. Phillips, of Horatio, Secretary and

Treasurer. After arranging a program for the next meeting the Society adjourned to meet at Horatio, December 9, 1908, at 10:30 a. m.

R. L. HOPKINS, Secretary.

YELL COUNTY.—The Yell County Medical Society met in Dardanelle, Tuesday, December 8th. Dr. L. E. Love, of Dardanelle, read a very interesting paper on the "Uses of Ergot," which was profitably discussed. The following officers were elected: President, Dr. J. R. Linzy; Vice-President, Dr. S. E. Miller; Secretary-Treasurer, Dr. A. H. McKenzie. The program for the February meeting has been arranged, Drs Miller and Hart will contribute papers.

A. H. MCKENZIE, Secretary.

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## News Items

### Personal.

Dr. J. W. Thorn, of Warren, has moved to Pine Bluff.

Dr. W. A. Thompson, of Vick, is attending the College of Physicians and Surgeons, Little Rock.

Dr. W. T. Fike, Dr. B. G. Green, of Warren, and Dr. W. E. Womack, of Hermitage, have been appointed on the Board of Health, of Bradley County

Dr. Estell Holland, son of Dr. T. E. Holland, a recent graduate of Washington University, has located at Hot Springs.

Dr. S. L. Steer, formerly of the U. S. Army, has formed a partnership with Dr. A. U. Williams, of Hot Springs.

President Joseph T. Clegg, of Siloam Springs, read a paper entitled, "The Regulation of the Practice of Medicine by the State," at the annual meeting of the Medical Society of the Missouri Valley, held in Council Bluff, Ia., September 3-4, 1908.

Dr. A. H. Scott, of Little Rock, is still confined to his bed, but present indications are for recovery.

Dr. J. S. Linzy, of Dardanelle, was in Little Rock on the 5th.

Miss Mamye Allen has recently been elected to the position of Head Nurse at the Deaf Mute Institute.



Dr. W. H. Miller has returned from a two weeks hunting trip in south Arkansas.

Dr. A. K. Wayman and Dr. S. P. Vaughter, lost the contents of their offices by fire last month. Temporarily they have offices at 111 East Fifth street.

#### General.

Dr. C. W. Pace, of Hot Springs, was recently fined \$25.00 and had his license revoked for one year by Judge Stallcup, for violating the anti-drumming ordinance. There were three Pace brothers, one of whom met the train, the second steered the patient to the office of the third who is the doctor. This case has suffered many continuances, and it is gratifying to the profession generally to know that the efforts to have a clean local profession are meeting with success. Dr. J. S. Hamm was also subjected to the same fine on the 18th of November, for a like offense.

Two deaths have occurred from small-pox at a negro lumber camp near Hermitage, Bradley County. There are many cases amongst the negroes.

The Committee on State Legislation and Public Health and the Committee on State Charity Hospital held a joint meeting in Little Rock on the 4th, at which meeting many important legislative matters were discussed. The Committees will wage a vigorous campaign in the interest of the matters delegated to them by the State Society. Drs. Brown, Thompson and Henry, members of the committees, were present. Another meeting will be held before the Legislature convenes.

### New Members

Dr. O. H. Buffington, Decatur, Benton County.

Dr. B. E. Pickett, Ravenden Springs, Randolph, County.

### Births

Born on the 18th of November, to Dr. F. B. Kirby, of Harrison, a boy.

**FOR SALE.**—Nice office and lot. Practice gratis to purchaser. Railroad town. Eastern Arkansas. Price \$300.00. W. B. Bean, M. D., LaGrange, Ark.

### Book Reviews

**A Treatise on the Principles and Practice of Gynecology.** By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, thoroughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, \$5.00 net; leather, \$6.00 net; half morocco, \$6.50. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Dudley's Gynecology has undergone another thorough revision by the author and the fifth edition contains two new chapters, an introductory chapter, a chapter on incontinence of the urine in woman, and forty new illustrations and full-page plates in monochrome. The general plan of the book has not been changed, for the author believes that the student and practitioner are more able to grasp the essentials if the subjects are arranged with a view to their pathologic and etiologic sequence. This plan has given perfect satisfaction and is certainly a logical one. Many chapters have either been rewritten or rearranged, thus bringing the subjects up-to-date, such as the chapters on the treatment of salpingitis, ovaritis, pelvic peritonitis, myoma uteri, carcinoma uteri, descent of the uterus and retroversion and retroflexion. The text is fully illustrated, and the operative technique is described step by step. In describing the operation for the repair of the perineum, as many as thirty-seven illustrations are employed. The chapters on displacements of the uterus are especially good. The book contains over 800 pages and 150 illustrations. It is an exceedingly strong book and no doubt other editions will soon follow.

**Borderland Studies, Volume II.** By George M. Gould, M. D., Author of a Series of Medical Dictionaries, formerly Editor of the Medical News, the Philadelphia Medical Journal and American Medicine, etc. Philadelphia: P. Blakiston's Sons & Co.

The second volume of Borderland Studies, comprising miscellaneous essays and addresses by Dr. Gould, include such subjects as "The History of the House," "The Seven Deadly Sins of Civilization," "King Arthur's Medicine," "History and Psychology in Words," "Some Ethical Questions," "Child Fetiches,"

"Vocation or Avocation." The author's style is charming and often trenchant. Every chapter is interesting and can be read only with pleasure, but there are some strictures contained in chapter XIV that are quite pungent.

**Consumption—How to Prevent It and How to Live With It.** Its nature, causes, prevention, and the mode of life, climate, food, and clothing necessary for its cure. By N. S. Davis, A. M., M. D., Professor of Principles and Practice of Medicine, Northwestern University Medical School, Chicago; Physician to Mercy and Wesley Hospitals; Member of the American Medical Association, American Climatological Association, Illinois State Medical Society, Chicago Medical Society, Chicago Pathological Society, Chicago Neurological Society, Chicago Academy of Sciences; Fellow of the American Academy of Medicine; Author of a Hand-Book on "Diseases of the Lungs, Heart and Kidneys," and a treatise on "Diet in Disease and Health." Second edition, thoroughly revised 12mo. 172 pages. Bound in extra cloth. Price, \$1.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This little book by Dr. Davis is one which will serve a useful purpose. If tuberculosis is ever to be eradicated from the human family it must come about through the education and cooperation of the individual citizen. Every phase of the tuberculosis question must be clearly and simply presented to the laity, and such a book as this one by Dr. Davis promises much in the hands of those affected or unaffected. The subjects discussed are presented in a clear and practical manner, and can be easily grasped by the average layman. The value of hygiene, sanitation and climate are emphasized as being of the greatest importance. It will prove a silent educator in the hands of our patients, and should be recommended whenever the opportunity is offered.

**Obstetrics for Nurses.** By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition. 12mo of 512 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company. 1908. Cloth, \$2.50 net.

The eight years' experience of the author in lecturing to the nurses of several different training schools, coupled with his ripe experience as an obstetrician, would naturally imply that he is sufficiently qualified to present the

important subject of obstetric nursing in a satisfactory manner. That the book has reached the third edition in three years is proof that it has met with deserved success. Students would do well to study this book, for it is a sort of minor obstetrics and fairly teems with practical suggestions. The changes in the third edition consist in the addition of several new illustrations, a description of Bier's congestive treatment for mastitis and the latest practice in infant feeding. There are over 200 illustrations, all of which are excellent.

**The Baby: Its Care and Development for the Use of Mothers.** By Le Grand Kerr, Professor of the Diseases of Children in the Brooklyn Postgraduate Medical School. Cloth. Pp. 150, with illustrations. Price, \$1.00, Brooklyn: Albert T. Huntington, 1908.

Most of the books of this class are wholly unfit for the purposes for which they are written, the objection being that they contain too much of diagnosis and treatment, the comprehension of which is beyond the intelligence of those mothers who are in the greatest need of help. But we are pleased to give our indorsement of this little work, for the author has kept within the scope defined in the preface, and, therefore, we believe that mothers will receive decided aid in the rearing of their babies by the instructions laid down in its pages. Instruction is given on the care of the mother during pregnancy, the choice and equipment of the nursery, and how to clothe the baby. The importance of regular weighing is emphasized, as is the value of fresh, out-door air. The common disorders of infancy and their treatment are very plainly discussed, and the instructions for artificial feeding are made very simple. The aim of the author, "to secure intelligent cooperation of the mother with the physician," no doubt will be accomplished by this little book.

**Gonorrhea in Women.** By Palmer Findley, M. D., Omaha, Neb., Professor of Gynecology of the College of Medicine, University of Nebraska. C. V. Mosby, Medical Book and Publishing Co., St. Louis, Mo. (Price \$2.00).

On account of the supreme importance of gonorrhoea in women, Dr. Dudley has essayed to present to the profession in his monograph



the very latest that can be found on this subject, and a careful perusal of the book will convince one that it is well-timed. It deals exclusively with gonorrhoea and its complications. The book opens with a historical sketch of the disease, then follow chapters in etiology, pathogenesis, pathology, course of infection, diagnosis and treatment. A complete bibliography is appended, a very desirable feature of the book. Mechanically the book is perfect, the paper heavy and the type clear. The book should have a large sale.

**Pulmonary Tuberculosis and all Complications,** by Sherman G. Bonney, M. D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 778 pages, with 189 original illustrations, including 20 in colors and 60 X-ray photographs. Philadelphia and London, W. B. Saunders Company, 1908. Cloth, \$7.00 net; half-morocco, \$8.50 net.

This book by Dr. Bonney is the most exhaustive contribution to the literature of tuberculosis that has ever emanated from an American publishing house; and though it was written for the general practitioner, and not for the skilled specialist, as the author remarks in the preface, it will be read with absorbing interest and profit by all into whose hands it may fall. Perhaps no other American is more qualified from long clinical experience and exceptional opportunities for observation to write a book on pulmonary tuberculosis than Dr. Bonney. Located in the very center of the zone of referred tuberculosis, his opportunities for the practical study of the disease and the unlimited opportunities for testing modern, scientific methods in its treatment, have been unexcelled; therefore, naturally the book is supposed to embody the results of his experience, all of which it does in an admirable and forcible manner. Every phase of pulmonary tuberculosis is discussed in the VI Parts and 100 Chapters. Etiology, pathological anatomy, routes and mode of infection, symptomatology, physical signs, diagnosis, prognosis and complications are treated in the first V Parts, the remaining chapters being devoted to treatment, prophylactic, general and special. Importance is laid on the observance of the minutest details in treatment.

The author has faith in drugs being beneficial in relieving certain symptoms, but condemns the co-called "specifics," among them being the much-lauded creosote. For hemoptysis, he recommends morphine as the most beneficial. Of course the tuberculin treatment is fully discussed. Open air, personal hygiene, rest, optimum climatic conditions, treatment of special symptoms and intelligent generalship of patient, constitute the line of treatment which has given the best results. There are many illustrations in the book all of which are excellent. As a whole the book is worthy of the highest commendation and no doubt will enjoy great popularity.

**Gynecology and Abdominal Surgery.** Vol. II. In two large octavos. Edited by Howard A. Kelly, M. D., Professor of Gynecologic Surgery at Johns Hopkins University; and Charles P. Noble, M. D., Clinical Professor of Gynecology at the Woman's Medical College, Philadelphia. Large octavo volume of 862 pages, with 475 original illustrations by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London, W. B. Saunders Company, 1908. Per volume, Cloth, \$8.00 net; half morocco, \$9.50 net.

The second volume of this work can only be characterized as possessing transcendent merit, and it is entitled to the highest praise and commendation. It demonstrates that the highest success can be attained by composite authorship, a desideratum however seldom accomplished. The two volumes constitute a complete work of abdominal and gynecological surgery that will meet every demand made upon it by the most critical and exacting surgeon. Its authors are all acknowledged masters in their respective lines. G. Brown Miller writes the chapter on "Complications Following Operations." J. F. W. Ross contributes the chapter on "Caesarean Section and Porro-Caesarian Section." Norris writes on "Operations During Pregnancy." J. Whittridge Williams deals with a subject about which no one is more competent to speak, "Extrauterine Pregnancy." A bibliography closes this chapter. Bloodgood contributes an article on "Diseases of the Female Breast," which, he says, is based upon a clinical and pathologic study of 1048 lesions of the female breast which have been observed in the surgical pathologic laboratory

of the John Hopkins Hospital and University. Ochsner's contribution on "Operations Upon the Gall-Bladder, Bile Ducts, and Liver," is one of the strongest and most lucid we have read. "Operations on the Stomach," by Moynihan; "Pyloroplasty," by Finney; "Intestinal Surgery," by Murphy, and "Operations for the Diseases of the Appendix," by Kelly and Hurdon, are other interesting chapters. Other contributors are Opie on "Surgery of the Pancreas;" "Tuberculosis of the Peritoneum," by Johnson; "Penetrating Wounds of the Abdomen," by McRae; "Hernia and Operations for Inguinal Hernia in Men," by Hunter and Edward Martin; "The Use of Drainage in Abdominal and Pelvic Surgery," by Auspach; "Surgery of the Kidney," by Noble.

We know of no similar work which attempts to compete with this one in the range of subjects presented or in the incomparable aggregation of preeminent contributors. The refined touches of the editor are clearly apparent in the work, much to the gratification of his many admirers. The illustrations cannot be surpassed, for they are of the very highest excellence.

**The Ready-Reference Handbook of Diseases of the Skin.** By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth edition. 12mo., 737 pages, with 99 engravings and 4 plates, in colors and monochrome. Cloth \$3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Of a book so well and favorably known as Dr. Jackson's, it is only necessary in review to note the revision to which it has been subjected. Every page has been thoroughly scrutinized and much new matter added. The new articles added are those on black tongue, dermatitis verrucosa, keratosis follicularis contagiosa, keratosis senilis, lichen obtusus, melung, pseudo-pelade, and sporotrichosis hypodermica. Dr. S. I. Rainforth has revised the old sections on pathology and contributed new ones, and Dr. Hubbard has furnished some new photographs. The classification and nomenclature are presented in a table which is quite satisfactory and convenient. The subjects are arranged alphabetically and the book abounds in practical formulae. Jackson's Ready Reference Handbook will con-

tinue to enjoy popularity with students and practitioners.

**Adenomyoma of the Uterus.** By Thomas S. Cullen, M. B., Associate Professor of Gynecology, in the Johns Hopkins University. Large octavo of 270 pages, with illustrations by Hermann Becker and August Horn. W. B. Saunders Company. Price, cloth, \$5 net; half morocco, \$6.50 net.

This book by Cullen is an authoritative work on adenomyoma of the uterus. The first 124 pages are devoted to the consideration of cases in which the uterus retains a relatively normal contour. These cases are described with great accuracy and are illustrated to bring out the microscopical findings. Chapters V, VI and VII treat respectively of subperitoneal and intraligamentary, cervical and submucous adenomyoma. The symptoms are easily drawn from the reported cases, and an entire chapter is devoted to differential diagnosis. The treatment of course is operative. In the back of the book is a summary which closes with the statement that "The glands in the adenomyoma originate in the vast majority of the cases at least, from the uterine mucosa." This opinion is at variance with that held by von Recklinghausen, but the conclusion of the author seems to be true. The illustrations are splendid, the type large and paper excellent.

**Golden Rules of Dietetics.** By A. L. Benedict, A. M., M. D., Buffalo. Member of American Academy of Medicine; American Gastroenterological Association, etc.; Author of Practical Dietetics. Duodecimo, 407 pages. St. Louis. C. V. Mosby Medical Book and Publishing Company. 1908. Price, \$3.00.

There may be more pretentious works on the subject of dietetics than this one, and there are; but we are certain that there are none more interesting nor more fruitful of valuable suggestions than can be found in Benedict's "Golden Rules of Dietetics." Rules for guidance in feeding are based upon scientific facts and researches made in physiologic chemistry. This knowledge Benedict has not underestimated, but makes it become obedient to practical requirements, and thereby is enabled to present his subject from both the scientific and practical standpoints. Every phase of the



subject of dietetics is clearly, yet concisely discussed, and after subjecting the book to a most thorough cross-examination, we unhesitatingly commend it, for it has not disappointed in a single instance.

**Pathogenic Microorganisms, including Bacteria and Protozoa. A Practical Manual for Students, Physicians, and Health Officers.** By William Hallock Park, M. D., Professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College. Assisted by Anna W. Williams, M. D., Assistant Director, Research Laboratory, etc. Third Edition, Enlarged and Thoroughly Revised. New York and Philadelphia. Lea & Febiger, 1908. Pp. viii-642.

The rapid strides which have been made in the last few years in bacteriology have necessitated a revision of the well-known work by Dr. Park, and the third edition has undergone a revision to include our increasing knowledge

on the subject. Such subjects as the opsonic index, the bacteriology of the normal intestines and the elimination of the non-antitoxic substances have been introduced in the new edition. The section of the book dealing with protozoa has been thoroughly revised by Dr. Anna W. Williams. It is generally conceded that Park's bacteriology is one of the best in the English language, and no physician should be without it.

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# To the Members *of the* Arkansas Medical Society

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*Please take notice that the  
next Annual Session of the  
Arkansas Medical Society  
will meet at Pine Bluff in  
May, 1909.*

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**Begin Now to Make Preparations  
to Attend**



## OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1908-1909

### NEXT ANNUAL SESSION, ATLANTIC CITY, N. J.

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### *Original Articles.*

ADDRESS DELIVERED BY JOSEPH PRICE, M. D., OF PHILADELPHIA, BEFORE THE SECTION ON GYNECOLOGY AND OBSTETRICS, AT THE THIRTY-SECOND ANNUAL SESSION OF THE ARKANSAS MEDICAL SOCIETY, HELD AT LITTLE ROCK, MAY, 1908.

*Gentlemen of the Arkansas Medical Society:*

My paper is at home on my desk. I got off in a hurry, because I had some matters of importance to adjust before leaving for this meeting, but as I am in the habit of devoting the lion's share of my time to the subject I am going to present, and am more or less familiar with the points I shall attempt to bring out, I trust that you will pardon me and accept my excuse for not reading a paper. I am a very miserable reader, and, when asked to read, I always feel like telling the story of the old judge who was trying a case. While the lawyers were quarreling over the admission of a letter in evidence and the judge asked the clerk of the court to read the letter to him, some one asked if the judge could not read writing. The clerk said: "No; he can't read reading." I can not read writing nor read reading; but I can probably present my knowledge of pelvic inflammatory conditions, as we find them in the women of our time.

Pelvic suppurative conditions that present serious troubles are very common. The ancients looked upon them as phlegmonous. In pathologic, or suppurative forms of pelvic disease, they applied caustics or the cautery to burn holes in the suppurative cavities and drain them. These practices were, in a measure, scientific—they were at least aseptic.

Drainage by cautery, drainage by caustics, was aseptic drainage. A large per cent of suppurative forms are at present incised. Many an otherwise healthy woman has been subjected to acute forms of infection favored by an incision, in which we favored infection or sepsis by establishing drainage.

First, I will call your attention to the progress we have made in the study of pelvic inflammatory diseases. The ancients through methods with which we are not at all familiar, treated these pelvic troubles. Their methods were rather crude, to say the least, till Bernutz and Goupil, of the French Hospital, made a study of the natural history and pathological characteristics of pelvic diseases and diseases of the female peroductive organs, and published their records in the New Sydenham's Transactions. Patients went to the Paris hospitals, and many of them returned, died and postmortems followed. The precise nature of pelvic diseases and the suppurative forms of tubal and ovarian diseases were recorded. Up to that time, or just before that time, they were treating patients for pelvic cellulitis and pelvic peritonitis. It was a disease that affected the cellular tissues, or it was a peritonitis, or it was both. It was a suppurative abscess, or what they called a pelvic abscess. The disease was of cellular nature, and it was associated with peritonitis; it was an ovarian or tubal suppuration with an abscess. Up to the time of the researches of Bernutz and Goupil the precise location of this peritoneal suppuration was not known. These investigations were rather crude, as you will find, by reference to the report of these researches in the new Sydenham Transactions of 1856. It was there that Tait found his precise knowledge, who afterwards continued his researches and established our present pelvic pathology, compiled the pathological findings and gave us more knowledge of the suppurative forms of tubal and ovarian disease, and called them by new names. He wrote of tubal occlusion with retention of water—hydro-salpinx, pus—pyosalpinx, and taught us very plainly that we were in error in our nomenclature and also in our treatment. In 1872 Tait removed his first ovarian abscess from the left side. But the surgery and even the principles of pathology of tubal and ovarian diseases all began in this country, as most of these researches did. John Light Atlee, in 1843, began to remove adherent appendages. One ovary weighed 14 ounces, and the other 16 ounces; they were both

adherent. He removed them with his fingers and a pair of scissors and without anesthetics. The patient went on the table with a pulse of 100 and remained 30 minutes without anesthesia. He made a clean removal on both sides. She made a beautiful recovery, lived to a good old age, was thoroughly feminine and passed through her life with complete feminine attributes.

I am in the habit of claiming about everything for the American surgeons and gynecologists. Ephriam McDowell gave us the operation, and William Bayne, of Virginia, performed the first operation for ectopic pregnancy, his operation antedating that of McDowell by nine or ten years.

Most ectopic pregnancies occur in the presence of some abnormal condition, pathological or mechanical in nature; or it may be a nervous disturbance that favors their occurrence. We look upon ectopic pregnancy as a calamity, but it is really due to a salpingitis. It is a partial occlusion, or adhesion or fixation of the tube, that favors ectopic pregnancy or tubal lodgment. Ectopic pregnancies rarely occur in perfectly healthy women. Conceptions are usually normal when perfectly healthy men and healthy women mate; and all healthy women are apt to bear children and about all of them do. Social evils and social vices are at the bottom of pelvic disease; at the bottom of race suicide; at the bottom of the decimation of our women. If we all lived clean, upright lives; if we men were prepared to give just what we ask; if we had but one standard of morals, we should have but little pelvic surgery and but little race suicide.

It is just along this line that we want to improve. We must have larger mothers. We cannot have big men and big women without big mothers, and we cannot have good men and good women without good mothers. It takes good mothers to make good men and good women. We must have a higher order of men and women and we must blot out social evils and social vices.

I can remember perfectly well how, some years ago in Philadelphia, several people left the lecture hall, and I aroused a storm of criticism and comment, when I dared to speak of the causal relation that gonorrhea bore to pelvic disease. In the old Philadelphia County Society, we talked very plainly. If you will read the Transactions of those meetings you will see how well and how plainly we did speak. In those days to say anything about the causal relation that gonorrhea bore to pelvic diseases was an offense in that old Quaker city. What have we now? We have a society for the prevention of social evils with a membership of over six hundred. We have in the large cities some six or more of these societies with a very large membership—larger than the county society in many

instances. So you see there is a great movement in progress in the medical profession looking to the suppression of social evils and social vices. There is a great work before us, because we have really allowed our children too much liberty; our children are positively at large. They are not receiving the old-fashioned parental care and are not safeguarded by the restraints that we had. For instance, if at 17 or 18 years of age, while at school or college, we had gone home at 1 or 3 a. m., and told our mothers why we were so late getting in, and explained that we were attending a smoker in some sub-cellar two or three stories underground, and all had been drinking beer, standing up on a table seeing who could drink three glasses of beer the quickest, what would have been the outcome? That is the appalling condition of affairs in our country now, and it is a burning shame and a disgrace. It is with deep chagrin that I see parents permitting their children to go at large, to run around at random without that parental restraint and that discipline that many of us received, and without holding those children accountable for their every-day conduct. I must confess it distresses me. I hope you will pardon my digression.

I repeat that pelvic disease and all the vices that follow in its train has its origin here in the conditions just related. Many of those boys go from the smoker to houses of prostitution and dives of vice. Very early they are contaminated, in youth they are blighted, and thus some of the brightest minds in the country are ruined forever. Then they become dependents and go to our poorhouses, to our asylums, the prey of all sorts of evils that constantly gnaw their vitals, vices that destroy their stomachs, their livers, their lungs, their bones and their brains. In this way we make life of the industrious a strenuous hardship. We have so much more to do for the care of the unfortunate dependents and helpless perverts. We are largely at fault in our home lives and in the discipline of our children. The trouble begins with the weak and over-indulgent parents.

I make these remarks because we must take better care of our daughters. We must see that they marry upright, spotless men. Every man who has sons or daughters should take them on their knees and teach them when to marry, how to marry, whom to marry, and whom not to marry.

Why should not the devoted daughter take counsel of some one of experience, of brains and judgment, as to whom she shall marry and as to how she shall marry? Pelvic diseases are all over the country simply because we are not marrying right, and we are not permitting our



children to marry right. For instance, how few of our lovely American girls who marry these titled foreigners and turn their fortunes over to pay the gambling debts of these moral perverts ever bear children? Very few, indeed. Very few of them ever remain the wives of these men. This condition of affairs is exceedingly common.

Pelvic diseases and suppurative forms of tubal and ovarian diseases are awfully common. They are diseases that are difficult to manage. They should be recognized earlier, right in the incipency and treated energetically. You should possess a precise knowledge of these conditions of specific contamination. Specific contaminations cover about 90 or 95 per cent of the cases of acute suppurative forms of pelvic disease. I can remember perfectly well in the valley of Virginia—wonderful country—about all those large families, families of from six to nine children. All along the valley pike for hundreds of miles at about every farm house you would find a little colony of children. Now just see what social evils have done. That was in the early history of Virginia. Later, the need of transportation for their products resulted in railroads. Her modern railroads resulted in contamination of the towns. Wherever you find one railroad in a town you find there contamination; and where you have three or four railroads in a town, you find it about decimated by vice. Those towns from which we get the most infection, have the most railroads. The small towns that are away from railroad communication are very nice, moral towns, almost free of social vices. So you see railroads have not benefited us along the lines of general morality.

Youngstown, Ohio, for instance, is full of railroads; they all center there. There you will find a large number of tow-headed courtézans, and about all of the young men of the town are victims of the vice. They all contaminate their wives and but few, or none of them, bear children and about all of them go on the operating table.

When Noeggerath read a paper before the meeting of the American Gynecological Society, in 1876, at Philadelphia, on the latency of gonorrhea and the relation it bore to pelvic disease, some of the members of that grand old organization got up and said if it be true, though at the time they questioned and doubted it seriously, that a revised copy should be printed and placed on the table of every Sunday School library in the land. That revised copy has not been placed in the Sunday School libraries, but I hold, in accordance with the teachings of revealed religion, that it should have gone there, and it should have gone there at once. I believe none of them apologized for questioning his scientific

observation and research work. The Sinclairs have published a book on gynecology that does discuss this subject frankly and honestly, and admits that gonorrhea is one of the common causes of the destruction of the female reproductive organs.

I have had a large experience in these matters, I have bathed in septic gonorrhea, or gonorrheal pathological products, for more than a quarter of a century. I have seen pus flowing from the iliac crest after making incisions and have found the woman just about rotten; cut in two by disease, by infiltration, by suppuration. It is a sad picture to me when I read some of the pretty modern literature. When I read "The Lady of the Decoration" I wondered if the good women of the country appreciate just what the heroine feels when she says, "I have lost all that is dear to a woman—home and maternity!" She had married a bad man and lived with him nine years; she had been divorced, separated and had gone to Japan to teach in a kindergarten. She makes rather a tame beginning. In the story of "The Heavenly Twins" two young ladies were walking along the road when they spied a little child dying of syphilis on its mother's knees—hereditary syphilis. One of these young ladies is engaged to be married to the father of that miserable syphilitic, and her parents compel her to marry him. She does not love him; she does not live the life of a wife; her good sense prevented her. Finally he dies of a constitutional disease of the dive variety, then she marries a clean doctor, who makes her happy.

I often wonder if our intelligent women appreciate just what instructive material and good literature they have at their hands. I am afraid they do not—I am sure they do not, because it took me a long time to find this out. I had to possess a good deal of scientific knowledge and clinical experience in pelvic disease, and personal observation and investigation before I realized the enormity of these crimes—these social vices. How very common these things are! Now, as to these allusions to literature, I simply throw them out in the way of suggestion. I think the doctors of America ought to do a little more thinking and a little more reading, and this will also apply as a good rule for the laity as well.

I have alluded briefly to the history of our knowledge of the pathology of pelvic disease. It is important that every good clinician, every good interne, every good accoucher and every general surgeon should have precise pathological knowledge. It will be a long time before we have precise pathological knowledge, because much of the knowledge which we think is precise will have to be re-studied.

Dr. Welch, that great past-master in pathology and bacteriology, has said that after we have made a careful study of the flora of the peritoneal cavity, and have made a classification of all those little beasts, and have all their long names carefully written in choice Latin, and all that sort of thing, we discover millions and billions of new ones. Then the whole subject has to be reopened and all the flora of the peritoneum and of the pelvis have to be restudied. So we must not get big-headed over our knowledge or our experience. We must push on, perfecting our knowledge. We have made wonderful progress. I can remember perfectly well when our knowledge was somewhat primitive, and our methods rather crude, more like a jack-knife in the hands of a tyro, when compared to our present knowledge and perfected methods. I would like to live another quarter of a century to see the progress made by the profession of America, because it has been so wonderful and so far-reaching in the past quarter of a century.

When I allude to what Welch had to say and the statement that the flora of the peritoneal cavity would have to be restudied, I want you to understand that the pelvic flora will probably have to be restudied. But we have now, as far as the destruction of the pelvic organs and the seat of the disease is concerned, tubal and ovarian inflammations of the peritoneal cavity, or pelvic peritonitis, fixation of the tubes to the adventitious membrane that forms in the omentum and bowels, and other adhesions and fixations that almost fill the entire pelvis—viscera, tubes and ovaries adhered to the head of the cecum. The appendix may be found upon the tube turned over on the right, with the head of the cecum and appendix only involved. In every one hundred sections you will find that at least 10 per cent show the appendix and head of the cecum involved in cases of adherent suppurative forms of pelvic trouble.

You all know perfectly well what a murderous disease appendicitis is; how it destroys people of all ages, and how destructive it has been to the youth of the country. Lovely little girls, sturdy little boys and college children succumb early. For instance, children go home from schools and change their duties and habits abruptly. The college students will soon take their vacation, change their duties, go romping around all over the country, remain on their feet, eat excessively, and our surgeons will have an increase of practice in the next thirty days due to appendicitis. Again, about the middle of September or first of October, we shall have increased practice when they change their diet and go back to school. If the people would learn a little "horse sense," that is, common sense, and listen to reason, we should have very few cases

of appendicitis. Always with the opening and closing of the schools and colleges do we find marked increase in appendicitis cases. For instance, Howard Pyle's daughter came home from college and had appendicitis at once. I removed a gangrenous appendix and she got well. His fine, big lad of a boy went to St. Paul last autumn, made a change of diet and practiced strenuously on the athletic field, all of which resulted in non-drainage, and disturbance of circulation; and that little lymphoid, and unnecessary, piece of anatomy, started on a rampage and was very much in evidence, until finally it had to be removed. This boy had acute pains, vomiting, tympanitis, and exploration developed a hypertrophied and suppurating appendix. The reason why I allude to the appendix is because it is associated with pelvic disease in 10 per cent of our work in the suppurative forms of pelvic conditions—the bad ones.

What I want to impress upon you is if there is to be an operation, let it be done early—the first hour or the first day. We shall then have less mortality; we should have ideal results. We can then have closures without drainage, and escape the pathological sequelae that develop if we wait. We have sequelae with drainage; perforation, occlusion, the mesentery and bowels covered with a film just like a cob-web, and other conditions that favor post-operative procedure. Do not wait three days, or three months, or nine months, but act promptly. We want early work.

You ought to recognize appendicitis the first day; you ought to recognize it at once. The symptoms are very simple. I have adopted a rule for the Sisters of Mercy, the Mother Superior of Catholic Homes and Schools, or Masters of Schools, where they have one hundred to four hundred pupils. I have made it a rule to teach them the four cardinal symptoms of appendicitis. I close my thumb in the palm of my hand and spread my finger out as a sort of mnemonic assistance and enumerate the symptoms. If you have acute agonizing pain, nausea, and a temperature of 100°, these constitute three of the cardinal principles or symptoms. You can go on with these, and if you have set muscles, you have the four cardinal symptoms. If any member of the institution has an acute attack, these four symptoms ought to be recognized at once.

Certain it is you should not pat yourselves on the back when you diagnose appendicitis. You ought to make it in every case, even in a girl with dysmenorrhea. It may puzzle you a little, but not sufficient to prevent you from making a correct diagnosis.

If you had one hundred operations you ought to see them all get well. The operation is simple; it is easy. You have none of those sequelae



that we dread most in open treatment. Why do we do open treatment? Because we have been doing these operations too late. Why are we doing them late? Because so many are preaching that old worn-out doctrine that there is too much operative interference. But if we are doing too much operating, we are either bad diagnosticians or our morals and motives are not good. I am not questioning your motives and I know you are not questioning mine. You could not offer me a greater insult than to question my motives, and I don't think I could be more rude than to question yours. I merely want to call your attention to the fact that your work has been done too late. My work at present in laparotomy is to educate my professional brethren up to the standard of early interference and a precise knowledge of the peritoneum, and the importance of early diagnosis and early work. So says Deaver; so says Morrow; so says Kelly. We have failed to educate our profession up to the importance of early interference. They must get an early and thorough knowledge of the pathology and possess diagnostic ability. So I would emphasize what I have just been saying by charging you to operate early, early, early. In this way only will you pull the mortality down to nil, where it should be. We all know that if we operate the first day, or the first hour, we shall bring the mortality down to nothing. You all know very well if we temporize it may become a violent septic form of disease, a disease of a chronic form, peritonitis, suppurative, or disease of another character—tubercular, typhoid or gangrenous. Running its course, it may turn into a form of suppurative disease, as gonorrhea and other forms of septic disease. Pus may form in the intestinal junctions. Pryor was an enthusiastic expert in this branch of surgery. He taught the best puerperal pathology, wrote a little book on the subject, and gave us new knowledge. In all his laparotomies I don't think he ever left an adhesion or had sepsis. He saved 35 out of 36. Some good men throughout the country said Pryor was a liar; but that is absurd. We know that Pryor was a very honest, scientific man. Unfortunately, his ideal work died with him because others were working along other lines. Pryor, however, attained consummate skill and his friends always insisted that he do that work, and he did it. Certainly we could not do as well as he was doing it. The results of surgery by the vaginal route are very pleasing and satisfactory.

My pupils and my friends do these vaginal extirpations without a death. I wish here to refer to the pathological work done by Cullen, which is just splendid. He spent \$8,000 upon his illustrations of cancer. His work is artistic,

beautiful, accurate and scientific. He deserves great credit for that large-hearted feeling which made him expend \$8,000 of his "chicken feed" to illustrate his beautiful book. I simply allude to this work in going around the country merely to demonstrate what self-sacrifice some of the scientific workers throughout our land are making to perfect our knowledge and enlighten our profession.

Now I want to make this entreaty to you: Study the pathology of pelvic disease; familiarize yourselves with the natural history of these diseases and the causal relation which gonorrhea and other troubles bear to pelvic disease; familiarize yourselves with the intricacies of diagnosis. To diagnose pelvic disease is not so easy. You have seen in a lifetime ten or twelve, or even twenty cases of ectopic pregnancy—few country physicians see more. You have all seen at least one. You that have had none are peculiarly fortunate; but I have from three to five hundred counties, in from five to ten states as source of supply, and get them from various sections of the country. You have seen ten cases of appendicitis to one of ectopic pregnancy. I remember a case of a refined, talented young woman that bore children at twenty years of age and who had a miscarriage eleven years ago and has not conceived since. It was thought she was sterile. It is true that she had passed a period, or two periods, perhaps; but the attending physician had not given it any prominence, although she had acute agonizing pain. I asked a few questions, and diagnosed ectopic pregnancy.

I remember a case that I was called to see in Pittsburg a short time ago. The patient had had an operation for appendicitis when a young girl at Mobile; operation performed by one of the best of men; he had saved her life by open treatment. She was married and had borne children, the youngest fourteen months, old; menses re-established—rather stormy; she had missed a period; then she had acute, agonizing pain; considerable distention; reversed peristalsis; pallid expression and bowel obstruction. We operated by open treatment, put in gauze drainage and that saved her life. The physician was a very good practitioner and clinician, but not of very large experience. He had quite a number of appendicitis cases, and recognized that something had gone wrong. He looked upon this as appendicitis and obstruction, and thought he had a suppurative form of disease. I asked this young woman in regard to the pain, and said: "Did you ever have pain like that before? You have borne a child. Did you ever have menstrual pain? Did you ever have colic, or ever have a cramp like that, or any agony of that character before?" She said, "No." She was

quite blanched; no temperature; she was becoming moist; pulse rapid; abdominal distention and all the physical characteristics of tubal pregnancy. I said to my friend, "Have you ever considered ectopic pregnancy?" He said, "No, sir." "Well," I said, "that is what you have here." I asked the husband, "Is your wife whiter than usual?" He said, "Yes; she is usually quite rosy, now she is quite pale." I said to the doctor, "You have bowel obstruction caused by hernia and sequelae, and you have ectopic pregnancy." We found both.

I was called to Westchester in consultation with a very good clinician and a very good diagnostician. He said his patient had appendicitis, and called me to see her. She had gone to Oak Park, Westchester, to a picnic; she was a fine, big, rosy woman; had acute, agonizing pain at the table. She left the table and went to an adjoining room. She had tympanitis and some nausea and pains; the recurring attacks of pain were very severe. She was carried to a bed and remained there. When I arrived the pain had largely subsided, but she was having recurring attacks of lancinating pain. She had very considerable distention, and was markedly blanched. This good clinician had been operating for appendicitis and had been seeing cases in his practice in goodly numbers. He had not been seeing these ectopic cases. I found acute anemia, and asked some questions in regard to it. She was rosy when she had the attack. She had been suffering considerable pain. I asked the character of the pain. It was described as acute and agonizing. It was at the back and mostly in the pelvis and very severe. I said to the doctor, "Have you considered ectopic pregnancy?" He said, "No." "Well," I said, "that is just what you have." Now, he was just a wee bit spunky about his diagnosis and felt that he was right. The patient was carried to the hospital, and I noticed that he was thoroughly convinced as to his diagnosis and was determined to stand his ground. He is a good man, for whom I have high regard and in whose ability I have great confidence. When we got to the operating room that afternoon I found that he had invited his entire set of professional friends to be present. Just then this occurred to me: "He believes he is right in his diagnosis, and he has brought his friends here to see it confirmed." But I was right. In a few seconds after we had made an incision we had an over-abundance of blood. I felt like patting myself on the back for making that diagnosis.

I have seen five hundred cases of ectopic pregnancy. I see them in the work of dozens of my friends and neighbors. I see a great number of cases that I do not operate upon. I learn after-

wards that they were ectopic pregnancy. That is a part of my work. So don't lose sight of the idea of the value of diagnostic ability. That is the point I wish to impress upon you, that you all make good diagnosticians of yourselves.

I thank you very much for the honor of this visit and for the pleasure of meeting and talking with so many members of this magnificent medical organization, and especially for the cordial welcome so universally extended by its members. Many of you have paid me and my esteemed friends and colleagues in the East, the compliment of traveling many miles to visit our institutions and see our work and receive those little object lessons that we always have in store for you. You are always welcome. We are always delighted to see you, and we always feel especially complimented to have you come. I can assure you that the old latchstring is always on the outside and I invite you, one and all, to come and verify this statement. We appreciate your enthusiasm and your eagerness and industry in the pursuit of knowledge and wish to assist and encourage you. You go to the West, to the North and to the South, from the Pacific Ocean to the Atlantic, and we note how zealous you are in the prosecution of your studies and in the pursuit of improved methods and new discoveries. You go to Mayo's or to Murphy's, and other magnificent clinics in the North for lessons in post-graduate instruction and laboratory methods. If you are not qualified, you should be up and doing and not go to sleep over it. Don't be the lazy miser—those men that chase the dollar. There is too much of that in this country. It does not matter what his circumstances may be, every doctor may now perfect his knowledge.

I always feel highly flattered whenever I am asked to go to any city or town, or invited by any Society to discuss any subject that I am familiar with, and when I am offered their clinical facilities, I feel highly honored to use them for demonstrative purposes. Permit me to assure you again, and finally, of my appreciation of your kind attention to these impromptu remarks, and the invitation to become your guest at this session of your Society.

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#### THE PATHOLOGICAL TONSIL AND ITS SURGICAL TREATMENT.\*

By Marion Duckworth, M. D., Pine Bluff.

It is not always an easy matter for one who limits his practice to open a discussion which will be interesting and at the same time helpful to a body composed essentially of general prac-

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tioners of surgery and medicine. But I have considered that these few remarks would not be amiss since the throat is one part of the human organism which, whether in medical societies, in medical literature or in the medical office, ever figures conspicuously before the profession at large, and is treated, after a fashion, by disciples of every organized school of medicine who claim to possess knowledge curative of disease. I am not like many members of the profession who, either through medical journals or before medical societies, dare not approach any subject pertaining to adenoids or the tonsils until they have prefaced their remarks with apologies for doing so. I do not believe that too much can be said about a subject of such vital importance and appertaining to such a vital stage of life as adolescence, unless it be the grossest repetition of facts well known to every medical mind. In the briefest manner possible I wish to call attention to the most prevalent types of pathological tonsils and the proper and also improper surgical means ordinarily adopted for their extirpation.

Reviewing the anatomy of the faucial tonsils you will remember that they are normally almond-shaped masses of lymphoid tissue protruding from the lateral walls of the oropharynx and constituting the lateral segments of the proverbial lymphoid ring. That from them fibres of lymphoid tissue ascend the lateral wall of the nasopharynx to merge with the naso-pharyngeal tonsil, and that the circuit is completed below by fibres from the faucial tonsil, crossing to the base of the tongue to merge with the lingual tonsil. These masses of lymphoid tissue are planted, as it were, in a linear depression formed by the palato-glossus muscle in front and the palato-pharyngeus behind, known respectively as the anterior and posterior pillars of the fauces. They are intermingled with some connective tissue, and are enveloped in a capsule of mucous membrane lined with squamous epithelium, the surface of which is studied with small crypts or lacunae leading into the deeper substance. These tonsils send fibres—by some authorities likened unto the roots of a huge tree—which extend into the deeper tissues of the neck and become there entwined with the smaller blood-vessels and nerves, reaching in some cases to the depth of the carotid artery.

If you will picture in your minds this absorbing mass of tissue on each side of the pharynx with a half dozen or more open mouths ready to drink in toxins from air, water and food stuffs, you will readily perceive why the tonsil is so often the site of pathological conditions. If you will also remember that that portion of the tonsil which is not apparent on an ordinary pharyngeal examination, but which lies lateral to the plane

of the faucial pillars is the part involved in at least from 50 to 75 per cent of tonsillar affections, you will readily understand why the ordinary guillotine operation, or the common tonsillotomy fails to effect a cure in such a large per cent of these cases. Allow me to say just here that this word "tonsillotomy" has always been a misnomer and is rapidly becoming obsolete.

Of the three types of pathological tonsil which I wish to emphasize, the first can be disposed of in very few words, as we are all familiar with it. It is the ordinary hypertrophied tonsil, most common in childhood, often complicated with adenoids, with a tendency to atrophy during adolescence. This tonsil is made up of ordinary hyperplastic tissue, very contractile toward its attachment and, when excised during childhood, rarely ever gives trouble from hemorrhage. Though it sometimes remains into adult life, it is a source of much trouble, rendering the patient very susceptible to repeated attacks of tonsillitis, either parenchymatous or follicular. It is this type of tonsil which should be of special interest to the family physician into whose care is intrusted the physical well being, both present and future, of growing children. He should be familiar with it in all of its phases and its concomitant ills, and ever should be alert lest his own sins of omission should work out for the little one much suffering in the form of recurrent tonsillitis and a predisposition to diphtheria and other contagions. He should also bear in mind that even when adult life is reached not more than the half is told.

It is not an infrequent occurrence for adults, and especially mothers, to suffer severe attacks of diphtheria and exanthemata which Nature primarily decreed should be the unhappy lot only of growing children. It is my belief that in many cases these infections enter the system through pathological tonsillar tissue which has persisted into adult life. That rheumatism and the toxins of various systemic disturbances can and do gain entrance through these avenues, is logically argued by many authorities of the present day. This is the tonsil which the ordinary guillotine, in young children, sometimes suffices to cure. If attacked after adult life begins, it should be dissected from its moorings and excised far back towards its attachment, at the same time attacking the contractile tissue. This insures less likelihood of persistent hemorrhage, which, in adults, sometimes gives no little distress to both operator and patient.

The second type of pathological tonsil is merely a stump or remnant of tonsil which remains after atrophy has been in process, or after an ineffectual effort at removal. Consequently

we find this condition more prevalent in early adult life and, according to my observation, more common in the female. The tonsil is often not apparent on an ordinary pharyngeal examination and can only be seen by the aid of a pillar-retractor or while the patient is in the act of gagging. The lacunae of such tonsils are large and gaping and are even yet more conspicuous because of the retention of white, cheesy deposits which gather in the crypts. The mucus excretion from within, coalescing with foreign material from without, forms a cheesy cast in the crypts, the odor of which is fetid and diagnostic.

These retentions give the throat a constant sense of discomfort and sometimes provoke an ineffectual cough or effort to clear the throat. But by far the most objectionable symptom, and the one which we are most frequently called upon to relieve, is the offensive and disgusting odor imparted to the breath. We find the tonsil hyperemic from pressure and interrupted circulation. This condition, together with the fetid breath and other symptoms, is temporarily relieved by removing foreign substances and by disinfection; but the result is only transitory, and the only radical cure is a complete extirpation of the tonsil. I would like to emphasize the word *complete*. The surgeon who approaches such a case as this with an ordinary Mathieu's or McKenzie's tonsillotome, is going to do no honor to himself or benefit to his patient. It is to be borne in mind that we are dealing with submerged tissue, and tissue very intricately adherent to the pillars of the fauces. There is not in volume much tissue which can and should be removed, but such as can and should be, it is extremely important that it be removed in its entirety.

The third condition which I wish to describe very briefly is not so much in itself a type of pathological tonsil as it is the outcome of development of a series of varied pathological processes. In the young adult, and more frequently in the female pharynx, we find this mass of hypertrophied tonsillar tissue often distorted by repeated inflammatory, ulcerative or cicatricial processes. It reaches high toward the commissure of the faucial pillars where it is deeply embedded in the supra-tonsillar fossa and extends equally in proportion downward to the level of the base of the tongue. This lower portion is extremely vascular, and unless proper precaution is taken tends to give much annoyance from hemorrhage when it is attacked. Inquiring into the history of such cases we find that in early childhood the patient suffered recurrent attacks of tonsillitis, and looking into the throat we find every evidence of chronic hypertrophic tonsillitis pre-

existing and in all probability adenoids present. We may find the lacunae to contain cheesy casts; or, in many cases, these lacunae communicate with each other beneath the mucous covering of the tonsil forming fistulous tracts which serve to lodge infectious particles, bringing about inflammatory or ulcerative processes at frequent intervals. We may also find evidences of pre-existing peritonsillar abscess or suppuration in the tonsil itself, the recurrence of which tends to produce blind fistulous tracts, always open to infection, and the formation of bands of cicatricial tissue which bind the tonsil firmly to the faucial pillars, thus producing troublesome adhesions.

Just how we shall effect a radical cure in such cases is a question too simple to propound. All of us who have one atom of surgical instinct would answer in concert, "Complete excision of all pathological tissue." The technique of this operation has been so freely discussed that we need not go into its minute details. The first step which confronts us is one of anaesthesia. It is sufficient to say that any one who has ever attempted the operation under a general anaesthetic will always insist most zealously upon local anaesthesia. One-half of one per cent solution of cocaine muriate combined with one to six-thousand of adrenalin chloride solution, properly injected, will reduce pain and hemorrhage to the minimum. That it renders the operation painless and bloodless, as some operators contend, I cannot agree.

The fluid should be more freely injected at the lower substance and attachment of the tonsil on account of its greater vascularity. While the anaesthetic is taking effect the operator, with the aid of a pillar retractor, and, if needed, a laryngoscopic mirror, should inspect the entire periphery of the tonsil and acquaint himself with the location, thickness and extent of all cicatricial and adhesive tissues. The instruments necessary for this operation, though limited in number, are especially important. In my opinion there is no operation known to minor surgery in which instruments designed specifically for the purpose are as indispensable; and the operator who sets about to do a complete tonsillectomy, expecting to substitute or improvise, believing that his extreme dexterity will make up for the deficiency of his instrumental armamentarium, is sure to be disappointed in results.

Four instruments are practically a *sine qua non* in this operation: tonsillar forceps, the pillar separator, tonsillar scissors and punch forceps. The pillar separator used alternately with the scissors will serve to dissect the tonsil from its attachments, while the tonsillar forceps grasped in the other hand draws the tonsil out, and backward or forward, as the case may be,



in opposite direction from where dissection is being done. This tissue should be carefully dissected in the upper supra-tonsillar fossa, where the adhesions are firm and the tonsil deeply embedded. The tonsil is now grasped with forceps and drawn tensely toward the median line of the pharynx while an ordinary pair of turbinectomy scissors, or a guillotine if one prefers, severs the bulk of the tonsil from its attachment. The only step remaining to complete the operation is to use the tonsillar punch forceps in removing such tags of tissue as may remain.

The bleeding surface is treated antiseptically and the patient is kept under watch until the effect of the adrenalin has passed off. If hemorrhage occurs a swab of dioxogen and a bit of patience and quiet on the part of the patient will soon suffice in a majority of cases. If hemorrhage persists, a paste of tannic acid and glycerine may be painted over the bleeding surface. Personally, I have never seen any post-operative effects which were especially troublesome, nor have I ever found it necessary to use tannic acid mixtures in controlling hemorrhage.

#### APPENDICOSTOMY IN THE TREATMENT OF AMEBIC DYSENTERY.\*

By Oscar Gray, M. D., Little Rock.

Appendicostomy, like many other operations, was first brought about through the performance of another operation. It is no more than five or six years ago since it made its advent into surgery, and I believe was first performed by Dr. Robert F. Weir in 1902. I will not go into the details of describing the original technique as performed by Dr. Weir, nor will I mention the technique as improved upon by Meyer, Dawbarn, Tuttle and others, as the literature upon this subject is now so abundant that any one not familiar with it may easily find it.

The indications for performing appendicostomy are not by any means confined to the treatment of chronic amebic dysentery, but can be employed in nearly all cases of chronic non-malignant diseases of the lower bowel which do not yield to medical treatment. It has been most extensively employed in the treatment of tuberculous ulceration of the colon and chronic amebic dysentery. I do not see any reason why this procedure should not be beneficial in the relief of malignant conditions which affect the lower bowel. If it were possible to perform appendicostomy upon suitable cases of children affected with ileo-colitis and among whom there is such a fearful mortality, I am of the firm belief there would be more recoveries. We all know how ineffectual medica-

tion is when administered either by the mouth or rectum in the treatment of this disease.

Before bringing to your attention the case which I wish to report, I feel a few words should be said with reference to the care and close attention of the attending physician in his effort to arrive at a proper diagnosis. No one, however capable, is able to treat a disease unless he arrives at the proper diagnosis. At this age of medical science and advancement there should be no excuse for the medical attendant who neglects to make a diagnosis of chronic amebic dysentery when it can be so easily done with the aid of the microscope.

Any case of dysentery that fails to respond to the ordinary treatment of diet, irrigations and internal medication, should at once arouse the suspicion of the attending physician. In making the microscopical examination it is necessary that the discharges be warm; and if the patient is confined, or is not able to visit your office, it becomes necessary to make such examination at the bedside. A soft rubber catheter, the end of which has been fenestrated, may be warmed and inserted into the rectum several inches, and the blood, mucus or pus clinging to it may be used in arriving at a microscopical finding.

Report of case: Miss J., aged 23 years. Admitted to the City Hospital June 21, 1907, where microscopical finding by Dr. Judd confirmed clinical diagnosis. Prior to her admittance to the hospital she had been under my care for three weeks, during which time she suffered constant abdominal pains, headache and frequent bloody, mucus discharges from the bowel. As many as fifteen or twenty bowel movements occurred in twenty-four hours. Fever scarcely ever exceeded two degrees. Another constant symptom that she complained of was a constant aching of all her limbs. Patient grew steadily worse despite heroic, persistent and intelligent treatment. Medication by the mouth did no good, while rectal irrigation not only did not do any good, but made the patient worse. Patient had just left Galveston, Texas, where she had been living for some time, and said she first noticed the trouble there. Notwithstanding the severity of the disease it did not produce very much emaciation, the patient remaining near her normal weight, 165 pounds. Pulse-rate varied from 110 to 120, never less. Seeing that it appeared to be a hopeless case, I advised the patient to be operated on, to which she readily consented.

She was prepared in the usual manner, and when placed on the operating table, had a temperature of 100° and pulse of 120. Incision was made over the region of the appendix. The appendix was seized and brought forward through the opening. There was found considerable in-

\*Read in Section on Surgery, at the Thirty-Second Annual Session, of the Arkansas Medical Society held at Little Rock, May, 1908.

flammatory exudate, the appendix being adhered in its whole length to the intestine. The greater meso-appendiceal artery was ligated. Before proceeding to anchor the appendix, I made careful examination of the liver and gall-bladder. This should never be overlooked on account of the frequency of abscess of the liver as a result of this disease.

The condition of the intestines, both large and small, at the ileo-cecal valve was most interesting and readily explained why medication and rectal irrigation had failed to give relief. The walls of the intestines were thick, indurated, and bled at the slightest touch. It appeared that the bowel would break if not handled with the utmost care. There were no adhesions to the peritoneum. Seizing the appendix and rolling it between my fingers, I knew its lumen was not obstructed. I then proceeded to close the wound layer by layer, beginning with the peritoneum and being very careful not to close it so tight or close as would constrict the appendix. Catgut ligatures were employed throughout. After the closure of the wound, I was undecided whether to amputate the end of the appendix and insert a catheter, or to wait until adhesions had formed. I opened it, however, and inserted a catheter until I knew it had entered the large intestine. I anchored the catheter with adhesive strips, tied a small ligature around the appendix at the level with the skin to prevent any discharge from the bowels, and bent the catheter upon itself to further prevent discharge. I irrigated the bowel the next day with one quart of sol. quinine sulphate 1-500, and had the water as cold as I could make it. From the first irrigation the fever began to subside and the pulse dropped until they both reached normal. Irrigation was repeated every day for a period of six weeks, and some days as much as a gallon of plain ice water was used. The patient was allowed to go home after remaining in the hospital for two weeks, after which she irrigated herself with ease. It was suggested that I put a rectal tube in the rectum at the time of irrigations to allow the escape of water, but this was found unnecessary. At the expiration of the eighth week I closed the fistula by removing the appendix. Both the first and second incisions healed by primary union. During the treatment of this case from the time of operation until she was dismissed, her diet was buttermilk, orange juice, a little broth and albumen water.

This patient was in my office recently and showed no sign of recurrence, but I know now the fistula was closed too early, and should I operate for this trouble again I would leave the patient with the fistula for at least six months. I emphasize the necessity of knowing the patient

is free from all recurrences before closing the opening. There was a time when we did not know that the appendix could be of use to man, and while the dread disease of appendicitis has claimed its victims by the thousands, we are now able to turn this piece of our anatomy into a life-saving function, which is another proof that the Almighty knew what He was doing when He created the vermiform appendix.

#### DISCUSSION.

Dr. W. A. Snodgrass, Little Rock:—The technique of appendicostomy is a very simple thing. I think a mistake was made in removing the appendix. I would save it for future use. She might develop epilepsy. Last summer I saw Dr. La Place do a number of appendicostomies for the treatment of epilepsy. One young man who lives in this State was treated by him for it. I understand he never has an attack unless he neglects himself. I think the appendix can be used very nicely in the treatment of epilepsy. If I were called upon to treat epilepsy, or could trace the attack to indiscretion in diet, I should certainly try it. It is worthy of a trial. In the treatment of amebic dysentery, I think the operation is advisable in obstinate cases. A great many cases can be relieved by washing out the bowels with quinine solution. I have a patient under treatment now who is in poor condition. He has amebic dysentery, and we are using quinine injections. He has been under treatment for about two weeks. If he does not get better in the next two weeks I think I shall do an appendicostomy.

Dr. A. J. Vance, Harrison:—This is an ideal operation, and, as the doctor says, we have not been able to answer the question, What is the appendix for? But since this operation has been done, we can now answer the question. It is an ideal operation, not only for amebic dysentery, but, as the doctor says, for anything where irrigation is required in the colon.

Dr. H. R. McCarroll, Walnut Ridge:—I would like to ask Dr. Snodgrass if he would advise a rectal tube placed high in the colon in these conditions. I would like to know if there is any danger of rupturing the bowel with a heavy rectal tube in these conditions to allow the water to flow back by placing the patient in a position with the hips elevated, or so that gravity favors the water flowing backwards.

Dr. Snodgrass:—In answer to the question I would say that we very often have ulcers of the rectum and the lower portion of the bowel in this disease, and therefore I think a heavy rectal tube is a dangerous instrument to use. I prefer to use a catheter. I never use a large rectal tube. I have one that I did use for several years,



but never expect to use it again unless I use it to whip my horse with.

Dr. Anderson Watkins, Little Rock:—The more I hear of the appendix discussed, the more I am convinced it was created for the benefit of the surgeon.

As to the diagnosis of amebic colitis, it is an easy thing to say that a man has amebic dysentery because we find the ameba; but it is somewhat uncertain, because we are aware of the fact that there is more than one variety of the ameba family, and the distinction between the ameba coli and the non-pathogenic form is very difficult. Another peculiarity about the ameba is that it seems to be necessarily symbiotic in its action in the prevention of disease. It has only been grown upon an artificial culture medium, as I understand it, in connection with bacteria. I believe this paper contains the description of a good operation; not necessarily for amebic colitis, but for other forms. I do not believe the operation should at all be limited to this form of infection.

Dr. Gray:—I thank you for the discussion. If we were not to have our faults shown to us sometimes we would not learn much. I like to be criticised on any point that I leave out. That is what papers are read for—to do us all good.

In regard to Dr. McCarroll's question, Dr. Snodgrass answered him as well as I could, but I will take up a little time to show you why the rectal tube would have been absolutely worthless

in the treatment of this case. I tried the rectal tube and I, like Dr. Snodgrass, have thrown it away. But where you have to insert a tube a distance further than a male catheter will go, then I resort to the rectal tube. But, you understand, I think the seat of trouble in this case was in the ileo-cecal valve; several inches of the ileum and several inches of the colon, maybe a greater part of the colon, were involved. But I am certain that the greatest trouble was right at the appendix. It is not possible to insert a rectal tube that high up. Another thing: The condition of the bowel I described was so rotten that I was unable to catch hold of it, and could not hold it with a pair of forceps for fear it would break to pieces. I should think there would be some danger of great pressure from the water.

As to the treatment of epilepsy by this method, I did not bring that out. I think Dr. La Place brought out the irrigation of the colon and subsequently appendicostomy for treatment of epilepsy.

It is not the removal of the appendix, as the doctor stated, that does the good. It is the elimination or modification of a toxemia that we take for granted produces epilepsy.

Answering Dr. Watkins, I think the distinction that the doctor has to contend with in making a diagnosis is that the broken down epithelial cells closely resemble the amebae, but it should be remembered that the ameba has *ameboid* movement. There are different kinds of emeba, as he stated.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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Secretary Arkansas Medical Society

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### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### AMENDMENTS TO THE MEDICAL LAW.

The Legislature will soon be called upon to pass a bill amendatory of the medical law passed in 1903. The changes which will be suggested and fought for will be few and reasonable, for it is not the desire of the Committee on Public Policy and State Legislation, into whose hands the bill is committed, to put any strain upon the patience of the General Assembly. Experience has shown that there are vital defects in the present law, defects which should be early remedied. The perfected medical laws of contiguous states make it more imperative than ever that the law be strengthened to meet the requirements of the times.

The proposed amendments are as follows:

1. One board represented by all schools.
2. Applicants for licensure must present satisfactory evidences that they are graduates from, *bona fide* reputable medical schools. The reputability of the schools shall be determined by the board, and a school shall be considered reputable "whose entrance requirement and

course of instruction are as high as those adopted by the better class of medical schools of the United States."

3. Meetings shall be held in May and October.

4. Fee for examinations, \$15.

5. No temporary permits shall be issued for a longer time than two months in advance of next regular meeting.

6. Examinations shall be held in histology, hygiene, pathology and bacteriology, ophthalmology and otology, and gynecology.

7. The Secretary shall keep the examination papers of applicants for one year, and the same shall be open to inspection for cause.

8. Provision for reciprocity. Fee for same, \$25.

History has demonstrated nothing more truthful than that in union there is strength, and that the price of liberty is eternal vigilance. Man learns from past experience what to expect of the future. Because the proposed amendments are few, reasonable and necessary to a proper perfection of the law, there is no reason to expect that the bill will not meet with opposition. But if each member of the Arkansas State Society will do his duty, his whole duty, and do it in the proper way, at the proper time, we believe the bill will be enacted into a law at this session. It is none too early for the component societies to call special meetings and adopt resolutions endorsing the bill of the committee. Memorials and petitions should be sent to the committee to be used at the proper time. Let there be a united effort to successfully prosecute every measure proposed by the State Society, for they are all for the ultimate good of the people—for the benefit of public health.

### COUNTY SECRETARIES PLEASE TAKE NOTICE.

In October the Secretary mailed and expressed over 400 copies of the bound Journal for 1907-8, and requested that the county secretaries place them amongst the members, offering them at the actual cost price, namely 80 cents each. So far but few remittances have been received, and it is urged that if these cop-



ies have not been delivered to the members and collected for, that it be done just as early as possible and remittances made to this office. The money received can be used in retiring some obligations that have been held against the Society for two years. Will not the component societies come to the relief of the treasury? In the future, there will be no more bound copies of the Journal, and it will not be possible to supply extra copies. Those who desire to keep an unbroken file of the Journal should bear this in mind.

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### Editorial Clippings

#### THE USE OF TUBERCULIN IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.

We think it may be stated very positively that the use of tuberculin by injection should not be resorted to by the general practitioner unless he has some special training and knowledge in the technique of the employment of this modern aid to diagnosis.

As is well said by Hamman in the *Archives of Internal Medicine* for June, 1908, "there is no more interesting phenomenon in the whole range of medicine than the tuberculin reaction, and notwithstanding the fact that it has been studied closely for a number of years by the most skillful investigators, it is still a subject which is imperfectly understood."

As a general proposition it may be stated that tuberculin in any ordinary quantity is usually inert when injected into healthy animals and healthy men. When it is considered, on the other hand, that susceptible patients will sometimes react to so small a quantity as one-fifth of a milligramme, or even far less than this, and that one milligramme is ordinarily considered the maximum dose for testing persons suspected of being tubercular, the wide variation between the susceptibility of those who are infected and those who are healthy at once becomes evident.

It is a remarkable fact, in connection with the influence of tuberculosis, that one focus of disease not only affects that part of the body in which it is situated but indirectly

every other cell in the body, so that when tuberculin enters the system a universal and often a violent reaction ensues. This is well illustrated not only by the effects which follow a subcutaneous injection of this substance, but by the well-known ophthalmo-tuberculin reaction in which the eye of an infected patient becomes injected and inflamed when tuberculin is dropped into it, although locally there may be no tubercular manifestation. Not only do local changes occur in the diseased area and elsewhere, but fever and other constitutional symptoms are marked in tubercular patients when tuberculin is given.

Occasionally persons who are not tubercular give the reaction because they have some idiosyncrasy which makes them sensitive, and it is a noteworthy fact that the use of tuberculin in repeated doses is quite capable of developing a condition in which reaction will ensue, even though no true tubercular lesion exists in the body. In other words, an artificial hypersensitiveness is developed.

So far, the statistics as to the constancy with which patients who are infected with tubercle bacilli will react to tuberculin, although exceedingly large, lack in a considerable proportion of cases the scientific confirmation which comes from autopsy findings. On the other hand, the very large number of observations which have been made upon the lower animals, which are susceptible to this disease and in which autopsy findings can be pretty constantly obtained to control results, have proved without doubt that a positive reaction when tuberculosis is suspected is of great clinical importance, although it is a noteworthy fact that a reaction occurring in a patient in whom tuberculosis does not exist may very rarely take place. This is true of animals as well as of man; that is to say, there are instances on record in which an autopsy has failed to reveal a tuberculous focus yet in which a reaction from tuberculin occurred.

As is well pointed out by Hamman, in the paper to which we have referred, there are four essential features which must be studied in the tuberculin reaction, namely, the temperature, the constitutional disturbance, the

reaction at the spot where the tuberculin enters the body, and the reaction in the area in which the primary pathological process exists. As is well known to most of our readers, a reaction to an injection of tuberculin usually develops in from six to twelve hours, reaches its acme by the end of twenty-four hours, and the temperature is normal again after the lapse of thirty-six hours. Occasionally, however, the reaction may be delayed for a greater period than this, and not begin until thirty-six hours after the injection, and Hamman found in his cases that the longest time was thirty-six hours and the shortest four before reaction took place. The duration of the reaction, however, may be very much prolonged, in some instances extending as long as ten days, or even three weeks.

As a rule large injections produce greater reactions than small injections, although Hamman from an analysis of 180 cases concludes that the duration of the severity of the reaction bears no relation to the size of the dose.

In all patients the temperature alterations vary greatly, and so do the constitutional symptoms. These constitutional symptoms begin with the development of the temperature, and the patient usually feels well again when the temperature returns to normal, but it is nevertheless a fact that the height of the fever is no gauge as to the severity of the symptoms, since a patient having a comparatively slight febrile movement may suffer markedly from the other constitutional symptoms, which not infrequently resemble those of a more or less severe attack of influenza, consisting in headache and aching in the joints and limbs. Not rarely nausea and vomiting are also present, and at the point where the injection is given heat and hyperemia develop in most instances. The tuberculous focus itself, when it is in some portion of the body where it can be observed, also becomes hyperemic and may even go on to such a degree of inflammation as to result in sloughing of the part. When the lesions are pulmonary the physical signs in the chest reveal the fact that marked changes have taken place in the lung, rales have developed where they were previously absent, there is pain and in-

creased cough and expectoration, and occasionally bloody sputum appears. Tubercle bacilli may appear in the sputum in cases in which before the infection they could not be found.

Although those who have employed the tuberculin reaction are wont to tell us that when properly used it is not dangerous, there is nevertheless, and we think very properly, a feeling among the majority of the profession that the reaction may damage the patient, and Hamman asserts that Sahli of Berne for these reasons deliberately refuses to produce a reaction even for the purpose of establishing a diagnosis. This has been our attitude ever since tuberculin was first introduced as a diagnostic agent, and the readers of the editorial columns of the *Gazette* will recall the fact that we have repeatedly stated this to be our opinion, and have expressed the view that when a patient presents sufficient physical signs, or other symptoms, to lead the physician to the belief that he is probably tuberculous, it is better to treat him as a tubercular case, since under these circumstances no harm can be done, and if not tubercular he is certainly in a fair way to become so, the impaired lung being a ready field for the growth of the tubercle bacillus should it enter the chest.

It goes without saying that tuberculin should never be employed in cases of tuberculosis which can be diagnosed without its aid, and if this statement be admitted as correct it is practically equivalent to stating that the tuberculin reaction certainly is not in itself beneficial, and may be harmful. As Hamman well says, one cannot look with indifference on a reagent which may produce such intense constitutional symptoms and such prolonged periods of fever.

In regard to the dose of tuberculin it seems to be generally admitted, even by those who have used it largely, that it is quite impossible to tell beforehand what dose will be necessary to produce a reaction in a susceptible individual. It is therefore essential that a minimum dose shall be given at first, and if reaction fails to occur larger doses administered until they become so large that a failure to react may fairly be said to surely exist. In other words,



the dose of tuberculin is like the dose of the ordinary drug which is given for the cure of disease in that it must, as far as possible, fit the needs of the individual patient. While it is true that an ordinary minimum dose may be said to be one-fifth of a milligramme, patients have reacted typically to so small a quantity as 1-1000 of a milligramme.

Finally it is important to remember, as already stated, that the patient who receives tuberculin for diagnostic purposes will, if he has tuberculosis, suffer not only very distinct changes in the local tissues infected, but also from systemic symptoms which may be exceedingly annoying for a varying period of time. In other words, the patient should be told before the test is made of what he may have to suffer if the test is positive, and in some instances the importance of the test for the purpose of diagnosis should be carefully discussed with him in order that he may determine whether he is so anxious to have an absolutely certain statement that he is tuberculous as to be willing to feel more ill for a time than he feels when he consults the physician.

A negative reaction pointing to the fact that the patient is not tubercular is probably of more value, in many cases, than a positive reaction; that is to say, a failure to react to ordinary doses is a fair proof that tubercular infection is not present, whereas a positive reaction may occur from other causes than the tubercular focus.

The statistics collected by Hamman show that about 90 per cent of all suspected patients react, and 50 per cent of patients with diseases other than those who have tuberculosis, or who at least are thought not to have tuberculosis, manifest a reaction. This may be due, of course, to the fact that a number of these patients have suspected quiescent tubercular foci which are in no way manifesting themselves save that they cause a tubercular reaction to take place. In this connection it is interesting to note that Hamman found a number of patients who failed to react, although they had far more definite symptoms and signs of tuberculosis than many who did react. In other words, tuberculin does not

give an absolute certainty to a diagnosis, for reactions are prone to occur in syphilis and in a number of other conditions.

The scale of doses suggested by Hamman for adults is 1-5 to 1-2, or 1 to 5 milligrammes and for children 1.10, 1-2 and 1 milligramme.

In connection with the so-called ophthalmotuberculin reaction we think we are stating the case fairly when we remark that the majority of ophthalmic surgeons are now distinctly opposed to the general employment of this test since there are a number of cases on record in which very violent and even disastrous ocular changes have ensued. If the test is used and a positive result is found, it does of course possess diagnostic value, but it is important to remember that if tuberculin is dropped into the eye in minute quantity no reaction may develop, and when larger quantities are tried a positive reaction has no diagnostic import, since the earlier administration has produced a condition of hypersensitiveness which results in a positive test even if tuberculosis is absent.

The method of Pirquet, like that of Calmette, which consists in putting a drop of tuberculin on a spot on the skin which has been branded, possesses the advantage that severe systemic reaction does not occur even in tubercular patients, although in these cases the area which is treated in the manner described usually becomes hyperemic in from eight to twelve hours, and may even go on to the stage of vesication. Sometimes this reaction, like that following the injection of tuberculin subcutaneously, does not occur for a day and a half or two days. Unfortunately the method of Pirquet seems to be more liable to error than the hypodermic injection method or the ophthalmic method, for Pirquet himself noted that nearly every adult so treated had a local reaction, and recognized that it is only in infants or young children that this reaction possesses much significance.

Again, all these tests for tuberculin, as we have already said, may occur when lesions are so far advanced in the process of healing as to be practically of no importance to the patient, and therefore it is possible that a positive reaction if solely relied upon might result in the

giving of advice based upon the idea of the presence of an active process when the patient was really on the high road to recovery, and perchance had nearly reached complete convalescence.

In this connection it is interesting to note that Bonney in his recent book upon pulmonary tuberculosis agrees with the views that we have already expressed in regard to the unjustifiability of using tuberculin in every case. Speaking of its use by routine as being quite unnecessary and unwarranted, he puts the initial dose hypodermically as one-tenth of a milligramme for an adult, and believes that the legitimate scope of the tuberculin test when employed subcutaneously for diagnostic purposes is extremely small and its field of usefulness confined exclusively to a few doubtful cases otherwise incapable of precise determination.—*Therapeutic Gazette*.

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### MEDICAL ECONOMICS.

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#### A GENERAL PLAN FOR A SCHEDULE OF MEDICAL FEES.

By J. N. McCormack, M. D., Bowling Green, Ky.

I have long held the opinion that it was feasible to frame a plan for a schedule of medical fees which could easily be modified, as to the amount of the charges and other details, to meet conditions and needs of almost any country or locality in any section of the country. As the plan I have in mind would be for the information, guidance and benefit of the public quite as much as of the profession, it involves conferences and a full understanding with the people of the community beforehand, as well as the fullest possible publicity afterward, through the public press, placards, in each office, and otherwise, the explanatory footnote being made an essential part of every publication.

One of the main difficulties about this in the past has been the almost universal, but wholly erroneous, opinion and insistence on the part of both profession and laity that all the physicians of a community have an equal value and should make the same charge for their service.

We know full well, and in a way and to an extent that the people can not, that nothing could be further from the truth. Because of the faulty system of medical education, loose medical laws, and lack of local organization and incentives to study, in vogue in this country until recent years, there are regularly licensed physicians in almost every community in the United States, in cities and towns quite as abundantly as in the country districts, who are well paid for all they know or can do for their patrons when they receive anything, and I insist that the time has come for us to deal frankly and openly with each other and the public about this and all other matters of common interests. It is essential to the success of such plan, too, that we abandon once and forever the antiquated notion of penalties for those who do not live up to the schedule, or blacklists for those who do not pay for services. Such harsh methods are contrary to the spirit and purposes of real organization and, in the very nature of things, can only be productive of misunderstandings and odium.

I have made rate-cutting and cheap doctors a matter of special study in every section of the country for years, and have come to have much sympathy for this class. On getting down to bottom facts, I have always found they charged less for their services because they honestly knew, better than any one else did or could, that they were worth less than their competitors, and that this was their only chance to obtain or hold practice. There may be exceptions to this, but I have never found one that would bear investigation. They have my sympathy for another reason. As with the division of fees and commissions, contracts and lodge practice, the use of proprietaries and nostrums, and similar mistaken practices and policies, all more hurtful to the people than to the profession, the fault is far more with the schools which pretended to educate these men than with them. In fact, without proper instruction about these matters during student life, so as to make it a part of their very being, just as important to the future physician and his patrons as instruction in anatomy or physiology, and sometimes with bad example from



their teachers to start them in the wrong direction, the wonder is that more of them do not do worse. These are just the men who most need the uplifting influences of county societies and postgraduate courses, they are actual entities with which we must live, associate or contend, and with tact and judgment many of them can be made competent. To suspend or expel them is far more of a punishment to their innocent patrons than to them, and it destroys the only chance of reclaiming them.

What is first and most needed in dealing with this class, for their own good as well as of the people, is to raise their earning capacity, to make them better practitioners and better men, by means of consistent, persistent postgraduate study, and by the influence and example of the higher grade members, in every county society and in such intercourse as comes in daily practice, and then in leading them to the adoption of systematic business methods and aiding them in other ways in securing better compensation. If we could substitute common sense plans of cooperation the idea of the real community of interests, of practical, kindly helpfulness, such as is common between lawyers, in the place of the habit of fault-finding, jealousy and aloofness which is still as easy to find as it is disgraceful between the physicians of many communities, the difficulties of this entire problem would be reduced to a minimum.

The county societies and postgraduate courses furnish the facilities for doing the scientific and social features of this work. For the business side of it I am advising that the profession in each county or city consider the advisability of arranging for systematic monthly collections, with a carefully elected business representative, and a centrally located "medical collector's office," the collector to be under bond, and on a definite salary, and with authority to appoint as many assistants as may be necessary, for whom he is responsible, very much as sheriffs and city collectors do. The collector should be a man of tact and judgment, he should hold the affairs of each physician as strictly private and confidential, and he could be well paid. This plan should not be tried anywhere until good scientific work is well

under way and a spirit of harmony secured, until all of the details have been worked out with the kind of business representatives indicated, and until public sentiment is prepared for it. Even in large cities the plan is worthy of consideration for colony and office buildings, wards or other convenient groups, if it can not be made available for the entire profession. It will not be easy to do any important reform work which is worth doing, but with such preparatory work as has been suggested, and with tact and judgment in the earlier step, I am convinced that the plan could be made as pleasant and convenient for the people as it would be helpful and profitable to the profession.

In most parts of the northwest and on the Pacific Coast the rate of charges sanctioned by custom is sufficient to sustain a competent and equipped profession, but in many sections of the eastern, middle and southern states, outside the large center of population, and for a large part of the profession in them, all except the surgical fees are wholly inadequate, and this is operating to the disadvantage of both the profession and the people now in a way unknown to our forbears. This country in recent years has passed through an era of most remarkable prosperity, but physicians and other professional classes have not shared in it. With the cost of living almost doubled, and the cost of equipment for modern practice quadrupled, the income of medical men, except surgeons and specialists, has remained about stationary. Properly interpreted, poverty in the profession, and the lack of equipment and practical incompetency inseparable from it, is just as important to the public as to us, and the subject should be boldly discussed in public meetings and in the periodical and daily press until this real positive danger to the people is a matter of common knowledge. Not only the higher standard of competency, but the increased usefulness of the profession in other ways should be made plain. It now probably does more real charity than all the other vocations combined, but the generous support to which it is entitled, and which is demanded by the highest humanitarian interests, would enable it to do a systematic, intelligent, dis-

criminating relief work which is now impossible. To an extent not dreamed of by the laity, or even by many in the higher ranks of the profession, a large per cent. of the physicians in this country, in cities and towns as well as in the rural districts, on account of poverty and the pressing needs of their own families, are daily forced to take what is almost blood-money from a class of widows, teachers and working-women, in their times of affliction, whose incomes are so scanty when well, that it would and should be an honor and a pleasure to make them the special wards and beneficiaries of a properly supported profession.

The opportunity has come to me to study this whole question as no other man probably has ever been able to do. I am giving the results of this broad experience in my public talks every evening, and find, in the lay discussion which follows, that the people can be made to appreciate our difficulties and their dangers quite as readily as can the profession. In truth, unpleasant as is the admission, the trouble is with us and not with the public, as is true in regard to almost every other evil from which we suffer. If the physicians competing for the same practice in every section of the United States could really get together in all these matters, and then take the people into their confidence, the balance would be comparatively easy, as there are not enough of them to do the practice if every patient was given the time, and the kind of scientific examination and treatment, to which they are entitled.

For many reasons, any schedule intended for general adoption should cover only the ordinary fees for general practitioners and non-operative office work. Surgical fees are usually the subject of special arrangement, and anyway, they vary to such an extent that an attempt to include them would give the public an exaggerated and misleading notion of what is received by the ordinary surgeon, or by any of them except under extraordinary circumstances, and would do more harm than good. As a rule, too, surgeons and specialists are better paid and are well able to take care of themselves. Besides, my experience has convinced me that it is in the field of general and

office practice, with the hard-worked and underpaid ordinary practitioners, that the pressing need for reform exists.

For obvious reasons the schedule should be adopted by the profession as a whole, or as individuals, and not by the county society. The provision in the by-laws forbidding such action by the societies was inserted after careful consideration, was certainly wise under the conditions then and still existing, and probably should be permanently retained. The membership in most societies embraces only one-half to three-fourths of the physicians of the county. While it is probable that all, including the former sectarians, will finally come in, this will be the work of years, and although not absolutely essential, it is important that the schedule be agreed to practically by all of the active physicians of the jurisdiction, whether members or not. Besides, this has been one of the most fruitful sources of discord in societies in the past, often provoked by those who took least interest in the scientific proceedings.

With all the foregoing considerations in mind, and after the matter has been fully discussed with the people, the schedule and footnote, in their main features, are suggested only as the basis for discussion. The rate of charges will seem too high for some sections and entirely too low for others. I am proposing about what in my judgment, would be fair and equitable at the present cost of living and equipment in the central, middle, western and southern states, but, of course, the exact fees and other details must be arranged for each community in accordance with what is deemed just and proper. The rates should not be too hard and fixed. There are people of moderate circumstances in almost every community, factory operatives and others, who ought to pay something, and yet should not pay full fees, and a wise discretion on this and similar points must be provided for in any plan which is to be comprehensive and successful.

The order of arrangement and the items of practice included are as seems best suited for most counties and communities, but the purpose is to make it so simple and flexible that it can be altered to suit varying conditions and



views. For instance, if it is thought best, fees for fractures and dislocations, or any other surgical or special work, can be easily added. It will be noted that a broad distinction is made between ordinary and complete office examinations, including a thorough examination of the chest, urinalysis and other like work involving extra time and skill. My own opinion is that a double charge should be made for night practice for well-to-do people, but I have yielded to the views of others on this point. Telephone practice is so annoying, exacting and unsatisfactory that it certainly should be paid for except where regular visits are being made, and in all cases after bed time. Consultations are purposely made low in order to develop and encourage this variety of practice.

The form of schedule suggested and the footnote, as they should go on the placard, are as follows:

SCHEDULE OF MEDICAL FEES FOR——COUNTY.

|   |         |
|---|---------|
| 1. Day visit in town .....  | \$ 2.00 |
| 2. Night visit in town .....  | 3.00    |
| 3. Day visit in country, first mile,<br>\$2.00; each after mile, one way ..   | 1.00    |
| 4. Night visit in country, first mile,<br>\$3.00; each after mile, one way .. | 1.50    |
| 5. Ordinary office examination and advice .....                               | 1.00    |
| 6. Complete examination and advice .....                                      | 5.00    |
| 7. Advice or prescription by telephone .....                                  | 1.00    |
| 8. Obstetric case, uncomplicated, not<br>over 6 hours .....                   | 15.00   |
| 9. Life insurance examinations.....   | 5.00    |
| 10. Consultation, double ordinary visit .....                                 |         |
| 11. Surgical and other special fees as may<br>be arranged.                    |         |

EXPLANATORY NOTE.

This schedule of fees is purely advisory. It is arranged and published for the information and guidance equally of the profession and people. It is intended to suggest the fees for ordinary services by competent physicians, for these fully able to pay their bills. It in no way applies to practice for the deserving poor, of which all agree to do their full part. It may be that physicians who are less competent will feel that they should charge less for their services. This is recognized as just, and to do so will in no way affect either their society membership or professional stand-

ing. It is especially important that these less fortunate members should have the benefit of the postgraduate study courses and other scientific work of the county society, which are free to all, for their own good as well as that of their patrons, and regular attendance at these meetings should be made a condition of continued employment. Night fees are made higher for many reasons, but more especially to give time for such study and society work as is essential in keeping a physician competent to practice with safety to the people.

For the convenience and benefit of both the profession and its patrons, systematic monthly collections, in so far as possible, are requested in the future. It is believed that it will be more satisfactory to families to settle their accounts while they are small, and while they remember and are grateful for the services, and it will enable physicians to keep equipped for far better service.—*Journal A. M. A.*

THE WHITE PLAGUE.

DR. J. S. SHIBLEY DELIVERS PUBLIC ADDRESS AT FORT SMITH.

Legislation is Urged for Establishment of Sanatorium in State.

Before a large audience that represented nearly every labor organization in Fort Smith, delegates from all parts of the State who were in attendance at the convention and a number of local physicians, Dr. J. S. Shibley, president of the Arkansas association for the prevention of tuberculosis, delivered an instructive address on the work of the association, what it hopes to accomplish in Arkansas and how to bring about results in a campaign against the white plague. The speech was heard with great interest and it is evident that the laboring men of Arkansas will assist in bringing about better sanitary conditions in the home, school, factory, etc.

The speaker opened his remarks by explaining how the anti-tuberculosis fight was being conducted in various states and cities, how the death rate had been reduced nearly 50 per cent in Boston and New York.

Dr. Shibley asked that the visiting delegates and the Fort Smith laboring men enlist themselves in the rank of the association and upon their representatives and senators that they use their influence at the coming legislature in securing an appropriation for the establishment of

a sanitarium in the state of sufficient size to accommodate at least 100 patients. He said that, in this manner, the foundation for the future would well be laid, for it will be a means of demonstrating and educating the people of Arkansas to the fact that tuberculosis can be cured.

Dr. Shibley, in explaining the preliminary work of the association in Arkansas said that the following plan has been adopted:

"To procure legislation providing for state, county and municipal Health Board, clothed with authority and supplied with means adequate to cope with epidemic and endemic diseases; registration and collection of vital statistics relating to marriages, births and deaths; and the compulsory notification of contagious diseases, including tuberculosis.

Most of the victims of tuberculosis are men and women in the prime of life. The majority of sociologists estimate the economic value of such life, at \$5,000. Some place it higher. Thus the 3,000 who died in Arkansas last year from tuberculosis were worth to the state 3,000 times \$5,000, equal to \$15,000,000. This estimate takes account of only the money value of the lives lost. The suffering and sorrow, poverty and want entailed not one can tell, no figures can compute. The legislature of Pennsylvania has appropriated \$1,552,000 for institutions for the treatment of tuberculosis—\$1,147,000 in 1907.

The war against tuberculosis is saving 5,000 lives in Pennsylvania per year, worth in money value, \$25,000,000. What is being done in Pennsylvania and elsewhere can be done in Arkansas. With our superior climate we ought to reduce our tuberculosis death rate to one half in the next ten years. This will mean the saving of 1,500 lives every year, worth to the state \$7,500,000. Arkansas, one of the most highly favored states in natural resources, fertility of soil and healthfulness of climate, with her intelligent, virtuous and patriotic citizenship, ought to take her rightful place alongside her most progressive sisters in the front rank of the battle against civilization's blight—the Great White Plague."—*Fort Smith Times*.

## CURRENT MEDICAL LITERATURE.

DIAGNOSIS IN ACUTE INFECTION OF THE HAND.—KANAVEL, in the *Illinois Medical Journal* for December, in speaking of the diagnosis of tenosynovitis, says:

"This type of infection is much more difficult to diagnose and the surgeon is often in doubt as to whether he is dealing with a lymphangitis or tenosynovitis. The three cardinal symptoms and signs are: (1) Exquisite tenderness over the course of the sheath, limited to the sheath. (2) Flexion of the finger. (3) Exquisite pain on extending the finger; most marked at the proximal end. These symptoms are seen to be only a difference in degree from those found in any infection of the hand, but when sought for in an intelligent manner there is not much difficulty in differentiating the conditions.

The size of the primary wound is of no importance. The tendon sheath may become infected following a simple pin prick or an extensive wound. One finds the cardinal symptoms I have mentioned. In addition, he may notice that the abutting sides of the adjacent finger are swollen as well as the back of the hand. The whole hand is slightly tender and the fingers are slightly flexed. The involuntary expression of pain which is noticed when the tendon sheath is touched by the examining finger leaves no doubt in the mind of the examiner as to the location of the infection. The greatest amount of tenderness is generally complained of at the proximal end of the finger sheath in the palm at the metacarpo-phalangeal articulation. The flexion of the fingers is probably due to several factors in addition to the spasm of the muscle controlling the tendon; for instance, the tension in the tendon sheath and the arthritis of the finger joints. A difference is readily seen between the rigidity in the infected finger and the simple flexion in the adjacent digits. So great is this difference that, for example, one is able to diagnosticate an extension into the palmar sheath from the little finger sheath, since the character of the flexion changes to the more rigid noted in tendon sheath infection. That type of infection developing from pin pricks and very slight in-



juries is generally of streptococic origin; hence the inflammation is most virulent. It spreads rapidly and jeopardizes not alone the function of the hand but the life of the patient. The second type, which occasionally accompanies lacerated wounds or adjacent inflammation, is due most often to staphylococci, and here the infection is local and may involve the entire sheath or only a portion of it.

The spontaneous pain, which was at first severe, grows less as the edema develops and may delude the surgeon into believing that the process is subsiding. The arm seems "to fall asleep," as the patient expresses it. Paresthesias with creeping and itching sensations may be present, and especially after rupture of the sheath the tenderness may subside to a considerable degree, leading the surgeon to an erroneous conclusion. An infection of the sheath of the tendon in the little finger may be localized to the finger. Extension of other areas is possible, however. The following are the most common secondary sites of pus; (1) The ulnar bursa; (2) the radial bursa; (3) the forearm; (4) fascial spaces in the hand, (a) middle palmar space, (b) lumbrical space; (5) osseous involvement, middle phalanx; (6) joints, proximal interphalangeal, wrist; (7) rupture to the surface.

Extension to the ulnar bursa is often difficult to diagnose. It is marked by the development of edema in the hand, especially upon the dorsum. A general fullness in the palm is found, but the palmar concavity is still present. On the flexor surface the greatest swelling is noted just proximal to the annular ligament. This is not necessarily due to the rupture of the sheath here but to the looseness of the tissues which permits of distention. This swelling is accentuated by the non-distensible annular ligament distal to it. The swelling in the palm occurs at the same time, but is not so conspicuous owing to the palmar fascia, which diffuses the swelling so that it is not accurately limited by the outline of the ulnar bursa. Moreover, the surrounding edema tends to confuse the picture. In acute infections it is not wise to await for evidences of fluctuation. The incision must be made during the stage of infiltration.

The most conspicuous and valuable sign is the extension of the exquisite tenderness to the area involved. It should be remembered that this is absent after a few days. The wrist becomes fixed, the thumb shows tenderness to pressure, and particularly on passive movements is the sensitiveness noted. It is seen readily of how much importance this latter symptom is in diagnosing an extension to the ulnar bursa from the little finger. We note that while at first the symptoms are limited to the little finger and slight changes in the ring finger because of its juxtaposition, all at once the thumb begins to show the characteristic signs, while the index and middle finger remain unchanged except for the increase of pain or passive extension explained above. This sensitiveness of the thumb may be due to either the juxtaposition of the sacs or to a real extension into its sheath. At first there may be a diffuse redness of the palm and dorsum, but it rapidly gives place to a whitish or even cyanotic hue. Above the wrist, however, the tissue generally takes on a marked red color which later becomes violaceous. The temperature and pulse may not be of any diagnostic importance. Ordinarily after the infection has lasted a few days and the walling-off process has begun, the temperature is that of the local accumulations of pus and varies with the freedom of drainage. In the first few days, however, the systemic absorption bears no relation to the abscess formation and can not be relied upon for diagnostic purposes. From the bursa various extensions may take place into the fascial spaces of the hand and forearm. The symptoms and signs will be taken up under the heading of "Fascial Space Infection," *vide infra*.

Involvement of the index, middle and ring fingers presents the the same signs as the other finger. The only difference is that here the paths of extension are different. Besides the extension to the surface at the proximal end, involvement of the middle phalanx, and the proximal interphalangeal point, the finger may show extension to the lumbrical space to either side, and from here the adjacent tendon may be involved. Extension to the radial bursa is diagnosed as following an ulnar bursitis by

the increased swelling and tenderness in the thenar eminence and along the sheath. The tumefaction of the thenar area is not that of abscess in the thenar space.

Diagnosis of extension from a tenosynovitis of the thumb into the radial bursa and then into the ulnar bursa is more difficult. We must depend upon the extension of the tenderness to the area over the radial bursa and the tenderness above the anterior annular ligament. When the extension has proceeded further into the ulnar bursa the diagnosis is easier, since all of the fingers become painful to passive extension, most markedly the little finger, with tenderness over the area of the ulnar bursa. The tenderness over the sheath is not always so marked in secondary involvement, however, due possibly to the previously developed edema. The pus from the radial bursa may rupture into the tissues of the forearm and then the pus lies under the flexor profundus tendons just as in rupture of the ulnar bursa."

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PSYCHOTHERAPY—BENEDICT, in the *Therapeutic Gazette*, for September, 1908 says: "Some general considerations as to psychotherapy may not be out of place. First of all, however rationally we may try to explain it, any kind of acknowledged psychotherapy will be regarded by the laity as a form of mysticism and as the proper domain of mystics and charlatans, not of the medical profession. Thus, its use must be cautious and, so far as possible, in conjunction with other means of treatment.

There seem to be no question but that some of the advocates of psychotherapy have been carried away by its apparent novelty and by their enthusiasm. We must understand thoroughly that it can apply only as an auxiliary to any real, organic disease, and for the present at least, only as a minor part of our armamentarium against so-called functional disturbances not obviously and directly connected with emotions.

Psychotherapy is a very dangerous weapon in the hands of any one but a conscientious, hard-headed, well-trained physician. The Emmanuel Church movement seems to the writer

especially dangerous because of the eminent respectability and intelligence in non-medical matters of its advocates. We may even regard it as a substitute for Christian science. Its dangers are twofolds: first, its practitioners, the clergy and perhaps the lay members—lay in both an ecclesiastic and medical sense—openly declare their intention to practice hypnotism in suitable cases. Hypnotism should never be practiced except by an experienced physician, and then only in exceptionally favorable cases. The individual who has been hypnotized has lost just so much of his independent mental life. He is liable to yield to other hypnotists, more or less amateur, and every seance increases his susceptibility. It is a serious matter to allow influence to supplant conscious intelligence, and it is no imaginary fear that seduction, crime, and undue control may follow. We need not discuss whether the hypnotizer exercises a special, extrinsic influence over the subject, or whether all hypnotic suggestion is intrinsic in the strict scientific sense. Practically, some persons can hypnotize better than others, and the victim is virtually under the control of another will.

Secondly, psychotherapy, especially when practiced by an enthusiast, whether a physician or not, is bound to be applied to cases in which an organic disease is overlooked. While this criticism applies with especial force to charlatans, devotees of pseudoreligious cults, and to non-medical philanthropists, it applies also to physicians, and especially to those who, as in the Emmanuel church movement, assay to examine patients in advance and exclude organic disease.

In plain words, this means that even a competent physician cannot unerringly exclude organic disease, at least not at one or a few examinations. This sounds discourteous, especially in view of the eminence of some of the physicians connected with this movement both in its home city and in other places. But it is obviously impossible to apply to the clientele of such a method even the moderately rigorous methods of a life-insurance examiner. Even if the temperature is normal, there is no certainty that it is elevated at other times; even if the



urine is examined and found normal by the usual tests, nephritis and various metabolic states are not certainly excluded. It may be questioned whether such patients can be examined by experts in various lines, and whether any one man nowadays can be considered competent in the various lines of practice, expert knowledge of which would be necessary to exclude organic disease.

Organic diseases are notoriously prone to manifest themselves at first by psychic symptoms, or at least "neuroses" not of a hysteric nature in the frank sense. Not to go outside my own specialty, I may cite two cases of esophageal spasm, actually so demonstrated and relieved, but which proved to be reflexes from an incipient cancer of the cardia. In two other personal cases jaundice, undoubtedly largely spastic, was the expression of the irritation of an inflammation of the appendix requiring operation. One of the advocates of psychotherapy, in making broad claims for the curability of constipation by this method, made the naive statement that one of the cured cases, some months afterward, was found to have an inoperable cancer of the rectum. Would it not have been better to have examined and treated such a case on old-fashioned—not, of course, purely symptomatic—lines? Some of the bizarre manifestations of insanity have, it is reported, already been discovered in the clientele of the Emmanuel church movement, and while we may not positively claim that such cases are organic or that they could be cured by other methods, it is at least possible that serious danger to their associates may develop from their remaining at large.

Indeed, it is worthy of a special paragraph to point out that the very class of cases to which religious influence and lay psychotherapy is best adapted lie dangerously close to the border line of insanity, and in any large series of such cases it seems probable that the most insidious forms of insanity and those connected with sexual and criminal tendencies will occur with frequency enough to make one shudder at the possibilities.

Looking at the matter from the ethical standpoint, it seems proper to question whether the comforting and jollying out of symptomatic expressions of a psychosis is what hysteric patients need at the hands of the Church. Do they not need, on the contrary, a pretty vigorous and severe inculcation of principles of right and wrong as applied to selfishness, idleness, egoism, and what is vulgarly known as "bellyaching"?

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THE TREATMENT OF CHRONIC GASTRITIS.—This subject of a study by Cramer, who recommends the following bitter tonics to increase the appetite and the gastric secretion. First in order of effectiveness he places condurango, followed by gentian, calumba, quassia, nux vomica, wormwood, tincture of cinchona, and tincture of orange peel, in this order, given in appropriate combinations. Giving preference to condurango he orders the following:

R Fluidextract of condurango,  
Tincture of nux vomica, .....aa ʒiiss;  
Diluted hydrochloric acid, .....m xl.

M. et Sig.: Twenty drops twice daily in a little water fifteen minutes before eating.

When there is a feeling of a pain in the stomach, the gastralgia is overcome by the following mixture:

R Tincture of belladonna,  
Tincture of nux vomica, ..aa m lxxv;  
Tincture of valerian, .....ʒiiss.

M. et Sig.: Twenty drops to be taken in peppermint water two or three times daily.—*New York Medical Journal*.

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THE USE OF X-RAY IN THE TREATMENT OF EXOPHTHALMIC GOITER.—PRICE, in the *Pennsylvania Medical Journal*, says: "I have been led, by the observation of others and my own limited experience, to the belief that we have such an agent in the x-ray. The well-known power of the x-ray to cause glandular atrophy and diminution in the caliber of blood vessels, more or less permanent, depending upon the length and number of exposures, fills the indication.

I have treated three cases of exophthalmic goiter by this method with good results; the

technic employed is as follows: A tube having a penetration of six or seven on the radiochromometer scale, was used, allowing one milliampere of current to pass through it. The anode being placed twelve inches from the gland, the patient's face and chest are well protected by tin foil, allowing only the neck to be exposed to the x-ray. The exposed part is covered with five or six layers of wet guaze which acts as a filter, absorbing some of the softer rays and catching any electrified particles that may be projected from the tube to the patient; these particles sometimes infect the skin, causing a very inconvenient dermatitis. The exposure, lasting from ten to fifteen minutes, is given three times a week at first and later once or twice a week. The exposures are discontinued at the first indication of redness of the skin, to be taken up again as soon as they may be without danger of a severe dermatitis.

Other than the x-ray treatment, the patient is given autocondensation, an electrode being placed over the epigastrium. This is given for the sedative effect on the circulation and the nervous system and the stimulating effect on the digestive organs to correct as far as possible any autointoxication, which may be an exciting cause of the disease.

The patient is advised, as far as possible, to exclude meat from the diet and is given iron and arsenic if he shows much anemia. A glandular reaction is shown very early in the treatment, characterized at first by swelling and hardening, and later by a marked diminution in the size of the gland. This is well described by Dr. Cook in his report of five cases in the *Journal of the American Medical Association*, March 7, 1908.

The reaction takes place in a lesser degree from time to time as the treatment progresses; the patient is soon relieved of the most marked nervous symptoms, especially the insomnia, the sleep becoming quiet and restful. There is usually a decided fall in the pulse rate after the treatment, this being most marked at first, the pulse reacting less and less as it becomes nearer normal. The exophthalmos gradually becomes less prominent until, when the patient

has had a normal pulse rate for some time, it is scarcely noticeable.

The treatment should be continued at greater intervals after the patient has become practically normal, to insure against a return of the disease. The operator must bear in mind that the atrophy of the gland will progress for some time after the treatments cease, followed by a gradual regeneration of the glandular epithelium, which, I believe, will never be great enough to cause a return of the disease if the treatment has been continued long enough.

If the cures produced by this treatment prove permanent, the advantages are many, among which is the freedom from the mortality which occurs in surgical treatment; this mortality, according to Dr. Mayo's report of two hundred cases (*Journal of the American Association*, July 4, 1908), is five per cent. from operation, and many surgeons have larger.

The patients will submit to x-ray long before they will surgery, thus permitting us to treat them before their general system is profoundly affected. They may continue their ordinary occupation, are freed from the harmful excitement that must occur before an operation, and the long convalescence following. There is no disfiguring scar and there is less expense."

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## TO AID THE EARTHQUAKE SUFFERERS.

Siloam Springs, Ark., Jan. 1, 1909.

*To the Members of the Arkansas Medical Society:*

The recent unprecedented horrible disaster which occurred in southern Italy is more than enough to compel the sympathy of the entire world, therefore, I appoint the ten Councilors, the Treasurer and Secretary to represent the Arkansas Medical Society in expressing our sympathy and to lend aid to our professional brethren in Italy. They are requested to solicit subscriptions for this purpose and to make the proper distribution of the same for the relief of all the sufferers.

Respectfully,

JOSEPH T. CLEGG, M. D., President.



### ***District and County Societies***

**FAULKNER COUNTY.**—The Faulkner County Medical Society met in Conway on December 17, 1908, with the following members present: Dr. Geo. S. Brown, President; Dr. I. N. McCollum, Secretary; Dr. J. S. Westerfield, Dr. J. E. McMahan, Dr. J. F. Brown, Dr. J. W. DeJarnett, Dr. G. D. Dickerson and Dr. W. R. Greeson. There were no papers read at this meeting, but a number of clinical cases were reported and discussed.

The following officers were elected for the ensuing year: Dr. G. L. Henderson, President; Dr. W. R. Greeson, Vice-President; Dr. I. N. McCollum, Secretary-Treasurer; Dr. G. D. Dickerson, Censor; Dr. J. S. Westerfield, Delegate to the State Society and Dr. I. N. McCollum, Alternate.

I. N. MCCOLLUM, Secretary.

**GREENE COUNTY.**—The Green County Medical Society met in regular monthly session in the Elks' Hall December 18, 1908, and elected the following officers for the ensuing year: Dr. W. R. Owens, Paragould, president; Dr. H. S. Sanders, Brighton, first vice-president; Dr. Olive Wilson, Paragould, secretary and treasurer; Dr. A. G. Dickson, Dr. J. G. McKenzie and Dr. Thad Cothren were appointed as a board of censors.

The following physicians were received into the membership of the society: Dr. S. J. Estes, Lorado; Dr. L. H. Hill, Greenway; Dr. C. M. Fuson, Piggott; Dr. H. S. Sanders, Brighton. Those present at the meeting were: Dr. O. Hammett, Mitchell's Point; Dr. Thad Cothren, Walcott; Dr. F. M. Scott, Dr. A. G. Dickson, Dr. J. G. McKenzie, Dr. W. R. Owen and Dr. O. Wilson, of Paragould.

The Society has leased for a period of one year the two rooms upstairs over Dr. Scott's office and is fitting them up as headquarters for the Society. This will be general headquarters for the physicians of Greene county and for any physicians who may come this way. It will also be the future meeting place of the Society. At this meeting the Society changed its regular meeting day from the first Tuesday

afternoon in each month to the first Wednesday afternoon.

Judge Light awarded the county practice to the Society, instead of to an individual physician, as has heretofore been the custom. The city physicians will do the practice and turn the proceeds into the general treasury for the maintenance of the Society headquarters.

It is the intention of the local physicians to organize a City Physicians Society and meet once each week for discussion and study.

O. WILSON, Secretary.

**MISSISSIPPI COUNTY.**—The next session of the Mississippi County Medical Society will be held at Blytheville on Tuesday, January 12, 10 a. m. The program is as follows:

"Tubal Pregnancy: Report of a Case," by Dr. J. D. Harbert. Paper by Dr. Crawford. General discussion of all papers read.

Some matters of importance are to be acted on, and a full attendance is desired.

THOS. G. BREWER, M. D., Secretary.

**PULASKI COUNTY.**—A regular meeting of the Pulaski County Medical Society was held December 28, 1908, with Dr. O. K. Judd in the chair. After the reading and approval of the minutes of the previous meeting, the regular order of business was taken up.

An application from Dr. C. C. Reed, of Hensley, for membership by transfer from Lonoke County, was read and favorably balloted upon. President Judd announced the standing committees for the following year.

Dr. G. M. D. Cantrell read a paper entitled "Syphilis," in which he pointed out the value of early diagnosis and treatment. He stated that in his opinion a microscopical diagnosis should be sought for in every case, and that as soon as the S. Pallida is demonstrated, treatment should be instituted at once. By this means the appearance of secondary symptoms is prevented, as is also any morbid systemic invasion, thereby safeguarding the patient in great measure against the dangers of complications and tertiary nervous lesions. In the treatment in the primary and secondary stages, Dr. Cantrell said that he rarely made use of but one drug, mercury, preferring the green

iodide, as it is best tolerated and less irritating to the alimentary canal. Inunctions and hypodermic injections are also of great value in exceptional cases. In lesions of the tertiary type iodine is of great value, although it must not be forgotten that mercury is an antisypilitic at every stage of the disease and occupies an important place in the treatment of the tertiary forms. In certain manifestations of this disease, mixed treatment is indicated. This is particularly true of the dry tubercular syphilides and cerebral syphilis, as neither remedy singly will give as quick and positive results. In closing, Dr. Cantrell spoke of the difficulty of determining when syphilis ceased to be infectious, and expressed the hope that the time was not far distant when that question would be settled.

#### DISCUSSION.

Dr. McClain said that a diagnosis should always be made by microscopical examination before beginning early treatment. Dr. E. R. Dibrell spoke of the value of the specific organism, and said that by early treatment the various nerve lesions of tertiary syphilis should be prevented. He doubted, however, the ability of the average investigator to differentiate between the *S. Pallida* and other organisms which resemble it. Dr. W. C. Dunaway said that the organism was hard to differentiate. He referred to the development of cancer and tuberculosis in the syphilitic. Dr. M. D. Ogden also called attention to the difficulty of differentiating the organism and referred to the use of a 33 per cent calomel ointment as a prophylactic. Dr. Milton Vaughan reported three cases in which the diagnosis was made by the aid of the microscope. Early treatment was instituted with excellent results. He spoke of the preventive measure against infection used by the United States Army. Dr. Cantrell in closing spoke of the treatment by excision and the use of atoxyl.

E. P. BLEDSOE, Secretary.

WHITE-CLEBURNE.—The White-Cleburne County Medical Society met at Searcy, Thursday, January 7th. The following members were present: President Moncrief, of Beebe; Secretary Tapscott; Drs. Tapscott, Jelks, Jones

Moore. On account of the excessively cold weather, the program as arranged was not followed. Dr. Morgan Smith, State Secretary, was present and made a short talk on matters pertaining to component societies. A surgical clinic was to have been held at the Searcy Sanatorium, but on account of the disabled condition of the heating plant, it was deferred to the next meeting. The society is arranging to have a public meeting in April to which the laity will be invited. Several papers on public health questions will be read, and the public will be asked to participate in the discussion.

S. T. TAPSCOTT, Secretary.

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### News Items

#### PERSONAL.

Dr. J. M. Daly, of Nashville, was in Little Rock on the 8th.

Dr. W. P. Illing is a candidate for Superintendent of the Insane Asylum.

Drs. Harris and Zell have moved their offices to the Mann building on East Fifth Street.

Dr. J. R. Linzy, of Dardanelle, is a candidate for the position of Physician to the Penitentiary.

Dr. H. H. Niehuss, who was recently operated on for appendicitis, has returned to his home at Wesson.

Dr. Charles B. Holt, Secretary of the Sebastian County Medical Society, was a recent visitor to Little Rock.

Dr. Ches. Jennings has moved his offices from the Elks' Building to the offices over the Union Trust Company.

Dr. C. C. Reed, of Hensley, has transferred his membership from the Lonoke, to the the Pulaski County Society.

#### GENERAL.

A Negro Congress on Tuberculosis was held last month at Tuskegee, Ala.

The students of Dr. Byron Robinson, of Chicago, are erecting a bronze statue to him.

Dr. John H. Witherspoon, of Nashville, Tenn., was elected president of the Mississippi Valley Medical Association.



Dr. W. K. Sutherlein, of Shreveport, reports a case of diphtheria in which he administered 480,000 units of antitoxin. The patient recovered.

Physicians in the northwestern portion of Faulkner County have agreed upon an advance in their charges in proportion to the increased cost of living and higher prices for all other services. The uniform fee took effect January 1.

At the last meeting of the Tri-State Medical Association (Mississippi, Arkansas and Tennessee) Dr. W. H. Dadrick, of Marianna, was elected President and Dr. T. S. Hare, of Vincent, Vice-President. Dr. Hare is not a member of the Arkansas Medical Society.

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#### APPOINTMENTS.

President Clegg has appointed Dr. W. S. Stewart and Dr. A. C. Jordon, of Pine Bluff, on the Committee on Scientific Work.

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#### NEW MEMBERS.

Dr. Orvis Biggs, of Hot Springs.  
Dr. James Chesnutt, Hot Springs.

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#### BIRTHS.

Born, to Dr. and Mrs. I. N. McCollum, of Conway, twin boys, December 25, 1908.

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#### BOOK REVIEWS.

**Modern Medicine; Its Theory and Practice.** In original contributions by American and foreign authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in the Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and of the Institutes of Medicine, in McGill University, Montreal, Canada. Assisted by Thomas McCrae, M. D., Associate Professor of Medicine and Clinical Therapeutics in the Johns Hopkins University, Baltimore; Fellow of the Royal College of Physicians, London. Volume V. Diseases of the Alimentary Tract. Illustrated. Published by Lea & Febiger, Philadelphia and New York.

Volume V consists of 902 pages which treats of the diseases of the alimentary tract. The sub-divisions of the chapter on the alimentary tract have been allotted to men who are mas-

ters along the lines of the diseases treated on. Indeed, they are teachers of world renown. The introductory discussion of the diseases of the digestive apparatus by Dr. Chas. G. Stockton has been exhaustively covered. Theories have largely been laid aside and experience given place. After all, experience is worth more to the student than all the theories ever expounded by the most learned teacher. Dr. Stockton has presented his chapter in a magnificent manner. Diseases of the Mouth and Salivary Glands, by Dr. Riesman is perhaps the most exhaustive treatise on this subject in the English language; and not only exhaustive, but the latest researches have been incorporated in his chapter. Diseases of the Esophagus, by John McCrae, presents some phases that may be new to quite a number of practitioners. They are not only new in thought, but are valuable.

Functional Diseases of the Stomach, by Julius Friedenwald, is full of interest to the practitioner, as it comes from a man who has made the study of dietetics his life work. We know of no one who could handle this subject better than Dr. Friedenwald. His works are accepted as authority by the profession.

Organic Diseases of the Stomach, by Charles F. Martin, is well handled and is closely allied in thought along the lines of functional diseases as outlined in the previous chapter.

Diseases of the Intestines come in for consideration in the Fifth Chapter, and is exhaustively treated by Alfred Stengel. Dr. Stengel is one of the leading lights in the medical profession and has done his work in an admirable manner.

Diseases of the Peritoneum and Pancreas, Splanchnoptosis, Enteroptosis, Glenard's Disease, have been exhaustively treated and admirably presented.

The last chapter, which will appeal forcibly to the student in medicine, is on Diseases of the Liver, Gall-Bladder and Biliary Ducts, by Dr. Kelly. In this day and time when gall bladder surgery has come to bless so many sufferers, physicians will hail with delight any new thought in connection with this engrossing subject. To such we can truly say that Dr. Kelly has perhaps taken an advance step along the line of medical thought in handling

these troubles. He has so delightfully blended medical treatment with surgical procedure that it is really hard to tell where he leaves off the one and advocates the other. Osler's work is not only the most voluminous, but the best in the English language.

C. C. S.

**Applied Surgical Anatomy.** By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in Cornell University Medical College, Surgeon to Bellevue Hospital, Associate Surgeon to the Presbyterian Hospital, Fellow of the American Surgical Association and of the New York Academy of Medicine. Second Edition, enlarged and thoroughly revised, with 200 illustrations, including 59 plats, mostly colored. Philadelphia and New York. Lea & Febiger, 1908.

In this treatise the author has admirably emphasized the tendency of the times in presenting the anatomy of the human body regionally, from a medical and surgical standpoint. It is in fact surgery in the light of regional anatomy. It is anatomy, from a surgical, medical, regional and topographical standpoint. The developmental side appeals forcibly to the student, while congenital defects are duly considered for the benefit of the surgeon and internist. The sections on cerebral localization, the spinal cord, and viscera strongly proclaim the unusual merit of the work. The abundance of original illustrations, together with those adopted from other sources, add much to the value of the work as a textbook. Its present enlarged and revised form is a sufficient guarantee that it will continue to be one of the most popular of its kind among teachers, students and clinicians.

W. C. D.

**Surgery; Its Principles and Practice.** In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume IV. Octavo of 1,194 pages, with 562 text-illustrations and nine colored plates. Philadelphia and London. W. B. Saunders Company, 1908. Per volume: Cloth, \$7 net half morocco; \$8 net.

Volume IV contains 1,194 pages. A treatise on surgery of the intestines, rectum, hernia, genito-urinary organs, eye and ear, military and

naval tropical surgery, all treated by masters and teachers of the highest order. Such men as Abbe, Bevan, Cabot, Coley, Dench, De-Schweinitz, Edsall, Horwitz, Keval, Louis McGraw, Murphy, O'Reilley, Rayenscoter, Rixey, Rodman, Van Hook and Young are among the contributors. The chapters on military and naval surgery are valuable additions and will be acceptable to the profession at large. In carefully reviewing the surgery of the ear and eye it has occurred to the reviewer that some little criticism might be passed upon the incorporation of articles on the surgery of the eye and ear that should only be undertaken by specialists; hence it might perhaps be better to leave the handling of such subjects out of a general surgery for works on this branch alone. To be sure, it might be considered that a work on surgery would not be complete unless specialties were more or less mentioned. Chapters on these specialties will be found in the leading works on general surgery of the day; still we believe that the surgery of the eye and ear and such operations requiring special training and experience should only be undertaken by those who are thus prepared and, from this point of view, these chapters may be a little out of place for a general surgeon. However, they are splendidly written and are strictly up to date.

Keen's Surgery no doubt will be the most complete exposition of surgery in the English language. It is recommended in the very highest of terms, as we know of no other work in print that can surpass it, or equal it.

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***Classification and Nomenclature of Pulmonary Tuberculosis Adopted by  
the National Association for the Prevention of Tuberculosis***

|                             |   |
|-----------------------------|---|
| INCIPIENT.....              | <p>Slight initial lesion in the form of infiltration limited to the apex of one or both lungs or a small part of one lobe.</p> <p>No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbance or rapid loss of weight).</p> <p>Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest.</p> <p>Expectoration usually small in amount or absent.</p> <p>Tubercle bacilli may be present or absent.</p> |
| MODERATELY<br>ADVANCED..... | <p>No marked impairment of function, either local or constitutional.</p> <p>Localized consolidation moderate in extent, with little or no evidence of destruction of tissue;</p> <p>Or disseminated fibroid deposits.</p> <p>No serious complications.</p>  |
| FAR ADVANCED.....           | <p>Marked impairment of function, local and constitutional.</p> <p>Localized consolidation intense;</p> <p>Or disseminated areas of softening;</p> <p>Or serious complications.</p>   |
| UNIMPROVED.....             | <p align="center"><b>CLASSIFICATION OF RESULTS.</b></p> <p>All essential symptoms and signs unabated or increased.</p>  |
| IMPROVED.....               | <p>Constitutional symptoms lessened or entirely absent; physical signs improved or unchanged; cough and expectoration with bacilli usually present.</p>   |
| ARRESTED.....               | <p>Absence of all constitutional symptoms; expectoration and bacilli may or may not be present; physical signs stationary or retrogressive; the foregoing conditions to have existed for at least two months.</p>   |
| APPARENTLY<br>CURED.....    | <p>All constitutional symptoms and expectoration with bacilli present for a period of three months; the physical signs to be those of a healed lesion.</p>  |
| CURED.....                  | <p>All constitutional symptoms and expectoration with bacilli absent for a period of two years under ordinary conditions of life.</p>   |

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224

# To the Members of the Arkansas Medical Society

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*Please take notice that the  
next Annual Session of the  
Arkansas Medical Society  
will meet at Pine Bluff in  
May, 1909.*

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**Begin Now to Make Preparations  
to Attend**



# THE JOURNAL

OF THE  
Arkansas Medical Society.

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VOL. V.

LITTLE ROCK, ARKANSAS, FEBRUARY 15, 1909.

NO. 9

## *Original Articles.*

### SARCOMA OF THE KIDNEY.\*

By C. E. Bentley, M. D., Little Rock.

Sarcoma of the kidney occurs generally, that is about 80 per cent, during the first five years of life, while it may be congenital. The tumor primarily is confined to the kidney but afterwards becomes diffuse. It may originate from the capsule or any portion of the kidney. For some time the growth may not produce any important symptoms, then hemorrhage may occur. It is absent in one half the cases. The tumor is first noticed coming out from below the ribs. It is hard, round, and somewhat irregular, and can be felt in the loin below the ribs. It is covered by the colon which makes its anterior surface tympanic. The growth fills up the hollow in the loin, but projects forward, very seldom backward. The mortality following nephrectomy is not less than 50 per cent (Fowler). During the past year I have seen three cases of sarcoma of the kidney.

#### REPORT OF CASES.

Case 1. A white baby about eight months old. Family history good. The growth began soon after birth. It was very large filling up one side of the abdomen. The child's appetite was good until one month before I saw it, when it refused to take nourishment. It was very weak and could hardly breathe. An operation was not recommended. The child died one week later.

Case 2. A white child about three years old. Family history good. He was very much emaciated. The child to within a few months of death, was able to walk and had a fairly good appetite. A very large tumor filling the abdomen, causing pressure against the diaphragm, was found. The parents noticed the growth about six months previously. It grew very rapidly. An operation was not recommended owing to its extreme weakened condition, and it died several weeks later.

Case 3. A colored girl; age seven years; family

history good. Personal history: During the first three years of life enjoyed good health. When four years of age she had chills and fevers lasting three weeks, after which a growth was noticed coming out below the rib, anteriorly, about the size of a hen's egg, which continued to grow. She has had chills and fevers at intervals since. Her health was fairly good. Complained of pain in the umbilical region and under the ribs over the liver; no pains in lower abdomen. Had fever 100° to 103° for some months.

Inspection—A large pendulous abdomen, right side slightly more prominent than the left.

Palpation—Tumor slightly movable, hard, firm, and partially able to outline growth. Between the liver and the growth a nodular tumor could be felt attached to the growth. Tumor filled the abdominal cavity and pressed tightly against the liver.

Percussion—Marked dullness over the entire growth.

Microscopic examination showed the blood and urine to be normal.

After carefully observing the case for a week, the temperature still persisting and the child's condition becoming worse, an operation was recommended.

Operation—October, 1907; incision made in the median line; large tumor found under the posterior peritoneum, closely adhered and firmly bound down to the peritoneum. The renal vessels were very large, being one-half of an inch in diameter. There were two small tumors found near the tumor and closely adhered to the vessels. The tumor was dissected out, the vessels ligated, the posterior peritoneum sutured and the abdominal incision completely sutured. The ureter was compressed which explained the absence of blood in the urine.

The child made an uneventful recovery. She left the hospital in two weeks for DeVall's Bluff. She has had no fever since operation and is gaining in weight and her health has improved. I saw her recently and she looked quite well.

I am exhibiting photographs made of her before the operation and the day she went home two

\*Read in the Section on Surgery, at the Thirty-Second Annual Session, of the Arkansas Medical Society, held at Little Rock, May, 1908.

weeks later. Also a picture of the tumor. The pathological report is furnished by Dr. Ogden, and is as follows:

#### PATHOLOGICAL REPORT.

"The tumor is fairly regular in shape, rather oval and covered on all sides, but one, with smooth peritoneum. The under side is rough where it has been stripped from the adjacent tissue. It measures 14 by 8 by 6 inches and weights 12 1-2 lbs. The color is mottled red and greyish, and the consistency soft.

On section the appearance is almost uniform throughout, homogeneous greyish white with hemorrhages of varying size here and there. On the

Microscopical—Sections were taken from various parts of the tumor and also from the small tumors and stained with hematoxylin and eosin. All sections were similar and one description will suffice for all. The sections are composed of cells with vesicular nuclei staining for the most part lightly with hematoxylin. The cytoplasm shows only very faintly and is made out with difficulty. The cells are rather large and imbedded in a homogeneous intercellular substance which takes a faint eosin stain. There is no suggestion of a fibrillar arrangement of this substance which is very abundant. The tumor is quite vascular and shows many capillaries composed only of a single row of endothelial cells lying in direct opposi-



Taken the day of the operation.



Taken two weeks later.

upper border is found the remains of the kidney cortex flattened out over the surface of the tumor. The ureter is entirely occluded, and the remains of the pelvis filled with a milky fluid. Also inside of the pelvis is found a small tumor very loosely attached to the wall, and having the same appearance as the main tumor. Two large veins emerge from the tumor at its lower edge. Two small tumors were removed from these veins and resemble the parent tumor.

tion to the tumor cells. Interstitial hemorrhages occur here and there, also frequent. Mitotic figures are not plentiful.

Diagnosis—Large, round-cell sarcoma.

Remarks—While this tumor is undoubtedly a sarcoma there are several points of interest in its examination. The large amount of intercellular substance and the small number of mitotic figures point to the fact that it is not a rapidly



Photograph of the tumor, Weight 12½ pounds. Size 14x8x6 inches. Small tumors 1x1 inch.



growing one and might explain some clinical symptoms of a benign tumor. However, I think that a recurrence is to be confidently expected though it might be somewhat delayed. The absence of constitutional metastases is somewhat unlooked for, but may show up later."

#### DISCUSSION.

Dr. Parker—I saw this little child last week, and she seemed to be in perfect health. I did not recognize her when she came into the office. I felt when I referred her to Dr. Bentley that I should be censured for bringing such an apparently hopeless case for an operation; but it was a question of considerable surgical interest at least, and I feel proud of having contributed no little towards her recovery in advising an operation. I feel that I am under obligations to Dr. Bentley, not only for the successful operation that he performed, but for the very valuable report that he has made to the Society.

Dr. Bentley—There is one point that I would like to bring out, and that is in reference to the pathological examination made by Dr. Ogden. I believe we should make it a rule to have all doubtful cases examined by a competent pathologist before operation if possible, but always afterwards, because it gives some facts by which we may be governed, and that will be of benefit, not only to the patient, but to the surgeon as well.

Now, we learn from the report that the tumor was, in a way, one of a somewhat benign nature. I mean by benign, that it is not of a very rapid metastasis. On account of the length of time that it had existed, and the way it is doing now, and also from what Dr. Parker says of the splendid health of the child at present, I feel that there is but little likelihood of a recurrence of the disease. This corresponds exactly with Dr. Ogden's pathological report and verifies the clinical report.

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#### SOME RARE CASES IN OBSTETRICS.\*

By H. C. Dunavant, M. D., Osceola.

Physicians are often accused of not reporting their fatalities. I have never thought this proper nor for the best interest of the profession, hence I bring before you some cases which I trust may be rare in the experience of those present.

Case No. 1—I was called on January 7th to see Mrs. D.; found her sitting in her room near full term of pregnancy; skin livid, feet and legs enormously swollen; hands, arms, eye lids and face puffy; and, in fact, her whole body would pit on

pressure. Tongue coated, foul breath. She reported that her bowels were constipated and the action from her kidneys was small, which, on examination, I found loaded with albumen. I knew that I had no time to lose, as she was looking to be confined every day, so I put her on full doses of calomel, acetate of potash and infusion of digitalis, and called every day to see her. Calomel acted well and there was a more copious flow of urine. Believing calomel one, if not the very best, eliminant, I kept it up and had her bowels moving four or five times a day.

On the evening of the 10th, three days from the time I first saw her, I found her with a terrible headache. I immediately gave bromide of soda in 20 gr. doses, with 10 drops of tr.gelsemium and 10 gr. hydrate chloral every two hours. Headache continued, flashes of light on the 11th. I went to bed on the night of the 11th apprehensive of trouble and was called at 3 a. m., and my horrible experience I sincerely hope will never come to any of my hearers.

She was up walking the floor, when she suddenly fell in a convulsion and broke both bones in her left ankle. I immediately gave 10 drops tr. veratrum hypodermically and directed a neighbor to go to the 'phone and call some doctor to come to my help. She had the third convulsion just as I entered the house and in about fifteen minutes after I had given the veratrum she had the fourth convulsion. I then repeated the veratrum in a smaller dose—six drops. This put an end to the convulsions.

Dr. Howton came to my assistance and we set her leg the first thing, as she was throwing her foot around in her unconscious condition, and there was danger of the broken bones being forced through the skin. She had never up to this time apparently had the slightest sign of a labor pain. I then got ready for delivery by force. Dr. Howton used the chloroform as it was needed. On examination I found the os dilated to barely the size of a quarter of a dollar, but it yielded very readily and in a very short time I had both feet and delivered her of a six-pound living male child. Disposing of this child to a woman who had been called in, I found there was another child with head presenting. Believing it best to deliver her as quickly as possible, I proceeded to produce podalic version and delivered another living male child, which weighed seven pounds.

There was considerable hemorrhage, but with a hot, sterile carbolyzed solution, succeeded in controlling it, and things went pretty well for a while. On the 17th, with assistance, I put her foot and leg in a plaster cast. On the 18th there was still considerable flow, and she had never had an after-pain, although I had been giving her

\* Read in the Section on Obstetrics and Gynecology at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

ergot by mouth, and a watery extract of ergot hypodermically. On the 19th she was foolish enough to sit up in bed and let a neighbor comb her hair. That night she had a bad hemorrhage. I increased the ergot both by mouth and hypodermically. Palpation showed the uterus in a bad state of sub-involution. With gauze strips thoroughly incorporated with suprarenal extract I packed the uterus, then the vagina perfectly tight. No after-pains, no bleeding for about eighteen hours, when I was again called. I cleared out the uterus and satisfied myself with the curette and my fingers that there was no remnant of after-birth left. Using still more of the suprarenal extract, I again repacked the uterus and the vagina, using all the power in the bounds of safety. This controlled the hemorrhage for from eight to ten hours from the 20th to 26th. This I repeated the third time and the bleeding continued. She was now almost exsanguinated. I used hypodermoclysis and in order to try to plug the mouths of the bleeding vessels with a long point syringe, I threw in some Monsel's solution and then packed with strips of gauze for the fifth time. This was on the evening of the 27th. Bleeding continued and she died that night about 8 p. m.

This woman had three living children and informed me that she had always had severe hemorrhages about the eighth or ninth day after labor. This information she failed to impart to me before the hemorrhage commenced on the 17th. She was a laboring man's wife and through a false notion of economy had never consulted me about her condition until the 7th before she was taken down on the night of the 11th. I knew when I first saw her that the pathological conditions were such as to insure trouble for me. The treatment in this case was prophylactic, but her husband refused, either through ignorance or a false idea of economy, to take advantage of it.

I can state that she did her house work and took in sewing and ran a machine every day up to the time I first saw her on the 7th, which accounts for her wishing to economize.

Believing in the present day theory regarding eclampsia, my only thought was to eliminate as rapidly as possible through all of the emunctories. In order to diminish the secretion of poisons, I ordered a strictly milk diet with an abundance of pure water. By the milk diet we reduce the nitrogenous food to its minimum. To assist the action of the skin, I also gave 1-20 gr. of the muriate of pilocarpin every three or four hours. Of course she wore flannels. I believe the milk diet is the main thing in the preeclamptic state, but of course all the five eliminative processes must be encouraged. I

used massage every day over the uterus to encourage involution. I know there was no objective cause, such as hypertrophied decidua, placental polypi, blood-clots, etc.

What was the cause of this extreme sub-involution? The old writers attributed the cause to defective nutrition and to the enervating effects of acute and chronic disease. Yet how often is it the case that we deliver women in extreme debility from phthisis or other causes and have normal involution. My idea of this is that she, being a small woman, not weighing normally over 105 or 110 pounds, a hard worker, with bad hygienic surroundings, with twins whose total weight was 13 pounds, with double placenta and large amount of liquor-amnii, which had kept up the tension of the muscular fibres of the uterus so long, there was a general lack of tonicity. I know there was no local cause; there was no fetid discharge; there were no injuries to the cervix or vagina. The os remained open to over the size of a silver dollar.

Statistics show eclampsia ten times more frequent in twin labors than in single births and the prognosis by some writers is always doubtful, a large percentage of cases requiring intrauterine interference. Whether there was a state of osteomalacia that caused her ankle bones to break I do not know. They were certainly brittle enough to feel a decided crepitation. Overworked, unhygienic surroundings, multigravida with unhygienic surroundings, are usually the victims of this condition; hence Italy and Switzerland lead all other countries in this morbidity.

Gentlemen, I have related this case with my treatment from my first visit to its final fatal ending. I invite your severest criticism with the hope that some younger member or members of our profession may be prepared to act more intelligently under the same trying conditions.

Case No. II—On August 8, 1906, I was called to see John H.'s wife (colored), and found an old negro midwife in attendance. On examination I found that a healthy looking funis had pro'apsed, hence she was scared and called for "the doctor." There was no pulsation in the cord and I informed them that the child was dead. As she had been in labor for about thirty-six hours and a head presentation, I proceeded to deliver with forceps. The child was full term, apparently had been healthy, and would have weighed about ten pounds. This child had a separate and distinct placenta obsoleta, which came away easily, and in delivering this I found another sack presenting, but was unable to make out any distinct fetal formation. However, I ruptured this sack when there was discharged a black, fetid mass, the remains of a fetus so badly decomposed that it was impossible to make out the sex, but from



the size of the bones, it must have lived up to the seventh month. I was called back on the third day and found this woman with temperature 104 1-2 degrees, with full, hard, bounding pulse; bowels swollen and tympanitic. I gave her four doses of calomel of ten grains each two hours apart with some tr. veratrum to soften her pulse. She made a good recovery.

Case No. III—Was called on September 12, 1907, by Dr. Turner to assist him in delivering M.'s wife (colored). She had been in hard labor nearly twenty-four hours. On my arrival the doctor informed me that there was a shoulder presentation and that the pains had suddenly ceased about twenty-five or thirty minutes before I came in; woman was apparently perfectly easy. This, I thought, was ominous, and I was not mistaken. I made an examination and found that the shoulder had receded, but I could still reach it distinctly enough to confirm the doctor's diagnosis of a shoulder presentation. As soon as my hand passed through the os I told him there was a rupture. I found the child had partly escaped into the abdomen. Thinking perhaps we might save the child, I secured the feet and delivered it; it was dead. The woman only lived about thirty or forty minutes. I found upon investigation that she was a syphilitic. This is one of the most serious complications in obstetrics, and is the first and only case I have met with in a practice of thirty-five years. These cases are very rare, occurring once in about 1,000 labors, and is my excuse for making this report.

#### DISCUSSION.

Dr. Hoffman, of Little Rock—In the first case, I would like to know whether there was any deformity of the bone. As I understand, osteomalacia is a disease in which the bones are soft, and we have always present more or less deformity. The case that you cited there was a spontaneous fracture of the bones. The bones were hard.

Dr. Dunavant—There was no deformity. The bones sometimes become so brittle that they easily break, and that seemed to be the case in this woman. I don't think the bone was soft, and the calcareous matter was not taken up so as to make them become soft. In setting the bones we could feel distinct crepitation. There was no softening.

I hoped that somebody would say something about the treatment of the woman who had carried the dead fetus in connection with the living one up to the time of birth. I believe in calomel we have one of the greatest eliminants in our whole pharmacopoeia, and I think very often the reason we don't get better results is because we don't give enough of it. I know that I gave that woman in this instance at least 40 grains of calomel, 10 gr. every two hours. Her temperature

was up to 104 1-2 degrees, and her pulse full and bounding, and it cleared her out thoroughly, and I did not make but one visit after that. Her abdomen had swollen as large as a barrel, and I thought surely she would die. I had no idea of saving her. I believe, in cases like that, you have to use heroic treatment. I gave it to her, believing she would die, and intended to try and see what it would do for her.

Dr. H. A. McCarroll—I would like to ask the doctor if he used intrauterine douches to cleanse the womb in the case of the dead fetus. If not, would you advise it in such a case?

Dr. Dunavant—Yes. After emptying the uterus, I used intrauterine douches of bichloride solution.

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#### A FEW POINTS ON THE MANAGEMENT OF ABNORMAL LABOR.\*

By C. K. Caruthers, M. D., Pine Bluff.

I believe that I am safe in asserting that in the whole domain of surgery or medicine, there is not a branch wherein timely interference, correctly executed, is more potent of good than in the field of obstetrics. Take, for instance, a case of contracted pelvis: What would be the outcome were it left to the tender mercy of nature? Or, a case of placenta previa? Or, if you please, a case with a normal, parturient canal in which there is fetal dysiscia? However, the correction of these abnormalities and the necessity for interfering are so thoroughly appreciated, that I shall not dwell on them, but will take up the consideration of minor abnormalities that are so frequently encountered and so often passed over as natural sequences.

First in frequency is the rigid os, classified as tedious labor. I am convinced that timely interference in this condition is as useful a service, and one as highly appreciated by the sufferer, as any an obstetrician can render; for it shortens labor and prevents undue fatigue and suffering. While I appreciate the fact that my remedy has not the endorsement of the best authorities and will, no doubt, evoke criticism unless you have proven its value by experience, I feel that it warrants consideration as a remedial measure. I refer to the giving of chloroform.

We are taught to give hypodermics of morphine, or ch'oral per rectum, or to apply hot water to the cervix; but if you will give just sufficient chloroform to relax the patient, you will see your formidable barrier fade away as does the mist before the noonday sun. In a short time

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\*Read in the Section on Obstetrics and Gynecology at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

pains will return that will produce results, and labor will terminate in a very short while with much of the patient's strength reserved and reaction in every way satisfactory.

This method has not been recommended, because it was feared that the chloroform so early in the labor would stop the pains and endanger the woman from its too long continuance, as it is considered indispensable in the second stage. But it does not stop the pains except during its administration, nor is it always necessary in the second stage, for the bearing down pains, or rather the straining at this stage, tend to deaden sensibility. If you should have a patient that is unusually susceptible to pain, it would not be contra-indicated, for it is an accepted fact that a pregnant woman can stand an anesthetic better than a non-pregnant one. However, there is another condition that simulates spastic rigidity somewhat in which chloroform is contra-indicated, and that is those cases in which the os fails to dilate from lack of vis a tergo, a condition often met with in the debilitated multipara, the correction of which calls for an entirely different treatment—an oxytocic and stimulant, and nothing else answers so well, in my opinion, as quinine and strychnine.

To illustrate this second condition, I will state my experience with a case of this kind that occurred only a few days ago: The patient was an ill-nourished woman of a tubercular diathesis and in her third pregnancy. She was normal in her pelvic mensuration. I found, upon examination, the os dilated to about the size of a half dollar, membranes broken and pains of irregular character every half hour. The cervix was flabby and the vaginal walls soft—a condition I diagnosed as inertia of the uterus, the result of insufficient uterine musculature. I gave her at once twenty grains of quinine and one-thirtieth of a grain of strychnine and, upon waiting two hours, was rewarded by one or two vigorous pains expelling the fetus. I should state here that such cases as the above should receive treatment months before labor sets in, and it should be with a view of improving the woman's general nutrition. Had this case come under my observation sooner, I would have foreseen the trouble and taken proper steps to correct it.

#### Use of Forceps in Dystocia.

Many cases of prolonged labor are due to symmetrically contracted pelves of moderate degree, and without the habitual use of a pelvimeter they are seldom recognized until the prolonged second stage directs your attention to the condition when much valuable time will have been lost and an unnecessary amount of pain endured.

When a contracted pelvis of sufficient degree to promise a tedious labor is encountered, my

practice has been to proceed, as soon as dilatation is complete, to deliver with forceps, notwithstanding the fact that I was taught during my internship in the Chicago Lying-in-Hospital to wait four hours after complete dilatation before interfering, unless exhaustion of patient or inertia or uterus as indicated by the ascent of the contracting ring, necessitated earlier intervention. For should you allow a case with a contracted pelvis to go on for five or ten hours and it result in spontaneous delivery, you have a very much exhausted patient, with possibly an asphyxiated baby as a result of long compression of the skull or placenta, and the danger of necrosis of maternal parts resulting in fistulae or infection, to say nothing of the agonizing pain endured. Whereas, if forceps are properly applied, and just sufficient traction be made to overcome the resistance until the head rests on the perineum, and then removed, the above enumerated dangers are obviated and we seldom have even a laceration.

Nor do I believe the use of forceps should be confined solely to cases of dystocia of fetus or birth-canal; for there are a number of conditions where they are indispensable. In other words, any case in which the second stage lasts longer than four hours, whether due to inertia of the uterus, undue resistance of the soft parts, or slight disproportion between canal and fetal head—the latter condition so often met with in spare built women who have large, vigorous husbands—should be classed as operative, and in all of which forceps are a blessing second only to chloroform. If you will apply your forceps and exert your force in the line of the axis of the pelvis, bearing in mind that you are endeavoring to draw a body through an opening smaller than the body, and imitate nature by making progress slowly, thus giving time for the soft parts to stretch and the head to mold as much as possible, you will effect a delivery in nine-tenths of your cases with the minimum of danger to both mother and child.

#### Protection of the Perineum.

An author of medical literature recently stated that 50 per cent of gynecological cases that required operations were the result of rupture of the perineal body during child-birth. If such appalling figures are correct, it behooves us to put forth our best efforts during the passage of the child through this part of the canal to preserve, if possible, this body intact. The fact that so many measures have been devised to prevent laceration goes to prove that none have been wholly successful. Of course, laceration in some cases is unavoidable. For instance, those cases in which the vulva is excessively small or the head excessively large; for here the mechanical



conditions are such that birth cannot take place without a certain amount of tear. But there are many instances in which lacerations occur that could have been avoided had proper measures been taken. The success I have had prompts me to give my method as a point, in my humble opinion, worthy of consideration.

I find that the greatest success lies in aiding nature in the natural mechanism of labor; and, as the direction of the pelvic outlet is upward and outward, and the process of giving birth to the head with a normal presentation (L. O. A.) is by extension, we can, by aiding nature in this direction, prevent many lacerations. When the head is well down on the perineum and about to engage the vulval outlet, is the time to act. You will readily feel by passing your finger above the occiput under the pubic arch, a hard, resisting, band-like tissue that, by its unyielding nature, tends to change the direction of the head from an outward and upward, to a downward and backward direction. This prevents an engagement of the smallest diameter, that of suboccipito-bregmatic, and naturally inhibits the natural mechanism of labor and increases the tension of the perineum, the weakest part of the outlet. So, by retracting this band over the occiput with your left hand and at the same time pushing up on the bregma with your right hand, you increase the diameter of the outlet, aid birth by extension, and, by the force exerted on the head, prevent a too rapid expulsion, which is in itself one source of danger. I think you can, by appreciating the fact that the anterior fourchette is the most unyielding part of the outlet, and by stubborn resistance shifts the brunt of the expelling force to the perineum, understand the rationale of this procedure.

#### Summary.

First, give chloroform in spastic rigidity of os, with the full assurance that it will shorten labor, relieve the lancinating pains of the first stage and quiet the excitability incident to first labors. Second, give quinine and strychnine in cases of inertia of the uterus, a condition easily determined by irregular pains, lack of uterine force, and flabby, undilated os. Third, use forceps early when they are indicated, that the minimum of danger to both mother and child be sustained; and fourth, protect the perineum by retracting the mucus membrane at the anterior fourchette over the occiput, at the same time pushing up on the fetal head that the diameter of the outlet may be increased and the expelling force of the uterus be not directed against the perineum, the weakest point of the outlet.

#### DISCUSSION.

Dr. William Crutcher, Pine Bluff—This paper I heartily approve of in almost every particular.

I have had some unpleasant experiences with multipara, in whom we are likely to be mistaken as to the condition of the os.

In 1907 I attended a woman already the mother of eleven children. The waters broke without a pain, while she was engaged in household duties. The fetal head was firmly applied to the lower uterine segment, which seemed rigid. The cervix was long; there was no os. There was no dystocia, so I gave quinine and strychnine to encourage pains. Finally, after many hours without a pain, I gave morphine and hyoscin. Within ten minutes the child was born with one long pain.

I have had very little experience with chloroform given for rigidity. I have never used chloral. I have derived splendid results from morphine, hyoscin, and hot douches, given every half to one hour. With regard to the protection of the perineum, this is the most valuable method I am acquainted with. The chief protection is afforded by retraction of the anterior structures. It is the projection of this mass that forces the head against the fourchette. The old-fashioned, full-hand method is imperfect unless the other hand be used above. Of course, the great essentials are to maintain the complete flexure of the head and to keep the head in the normal curve of the outlet, thus constantly applying the smallest diameter of the fetal head to the diameter of the pelvic soft structures.

Dr. H. R. McCarroll, Walnut Ridge—For rigid os I have used morphine, chloral and potassium bromid in combination with good results. The pains are lessened and sleep is secured between the pains.

Dr. S. E. Thompson, El Dorado—In a limited number of cases, I have found the administration of chloroform of service in the first stage of labor in which there is a rigid os. The best result from chloroform, however, is during the last pains, when the head is pressing well down on the perineum. I prefer to give it to almost complete anesthesia. I have never had a complete laceration in my practice.

Dr. Caruthers—The last few years I have resorted to chloroform in the early stages of labor where there existed a spastic rigidity of the os and an undue excitability, to the exclusion of morphine or other measures, as I find it hastens labor, relieves pain and relaxes patient. In regard to using forceps in moderately contracted pelvis, I wish to give my experience in a case only recently occurring in my practice, in which the forceps applied early succeeded where the expectant treatment had previously failed. I refer to a Mrs. A., who gave history of having a spontaneous delivery after a prolonged labor—in the case of her first pregnancy—but child was so asphyxiated that it was never recussitated. I found upon men-

suration that the external conjugate was 18 1-2 cm so I decided to apply forceps as soon as possible in the hope of getting a living child, and did so, thus saving the mother of an undue amount of suffering, and I think saving the baby's life.

I have nothing further to say except that I, of course, use chloroform in the second stage as well where indications demand it to save perineum. Also use pressure on the on-coming head as set forth in my paper.

#### UNRELIABILITY OF MURMURS.\*

By N. S. Word, M. D., Camden, Ark.

I do not present this paper with any assumption toward originality, but simply with the desire to enumerate for your consideration those conclusions that I have drawn after an extensive review of some of the articles from recognized authorities, verified by some personal clinical observation.

With reference to the unreliability of murmurs, I wish to call attention to some of the classes of cases in which the presence of a murmur and in others in which the absence will prove misleading. It is a frequent experience to find patients with transient functional murmurs which do not signify organic heart disease. "Cabot," in his text book on physical diagnosis, says: "Probably more than one-half of the murmurs heard do not signify organic heart disease." This being true, it is self-evident that no murmurs should be accepted as positive evidence of organic heart disease without the most thorough investigation and careful consideration. On the other hand, I believe that there may be serious valvular disease present, without the least appearance or probably the suspicion of a murmur.

It is a well known fact to all present that in old cases of organic valvular disease, in which the murmur has been loud, it often becomes faint after compensation begins to fail, and if kept under close observation may entirely disappear. Again, in people with valvular disease of recent

origin, and in whom compensation is only partially established, some excessive exertion may cause a failure of compensation and the disappearance of the murmur. Hence the absence of a murmur should never be accepted as proof positive of a sound heart.

I believe that inasmuch as murmurs are so prone to come and go, or, in other words, to appear and disappear, that we are justifiable in giving at least as much attention to the muscular condition of the heart as we are to the murmur.

According to recognized authority, a heart murmur may be produced by relaxation of muscular tone which brings about insufficiency. After the tone of the heart is regained the murmur will disappear. If organic lesions exist, the disappearance of the murmur may prove serious, while in functional disturbances the disappearance is a good sign.

The following case which I have treated will probably verify the foregoing:

Male, white, age thirty years, rather delicate, accountant; gave the history of having had an attack of rheumatism four or five months previous to my interview. Two weeks' duration. During the succeeding month he was only well part of the time. Three months later, June 1, while undergoing some unusual exertion he became very much fatigued and suffered from moderate dyspnea. Soon after this his feet began to swell a little later and the swelling involved his abdomen. I saw him August 10, and found this dropsical condition, with some pulmonary edema. He was suffering with some dyspnea and cough; urine normal, heart sounds weak; no murmur; pulse 82, regular but weak.

Patient was put to bed, given strychnine, purgatives and saline cathartics, and dropsy soon disappeared. He is now free from dropsy and comfortable. After four or five days in bed a distinct systolic murmur appeared at apex, which grew louder until it is now audible in left axilla and at the lower inferior angle of the scapula, and is unquestionably mitral regurgitation.

There was no murmur at my first visit, the heart was in a condition of broken compensation from violent exercise and the dilated ventricle was too weak to produce a murmur. With rest in bed compensation was established and the ventricle became once more strong enough to give the blood sufficient velocity to produce a murmur.

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No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### PANCREATITIS.

Pancreatitis has of late received special attention. In a recent symposium at the October meeting of the Mississippi Valley Medical Society, held at Louisville, acute and chronic inflammations of the pancreas were as thoroughly discussed as the present status of information permits. From the tone of the papers, and indeed from other sources, our knowledge of the etiological factors involved will probably need more than one rearrangement before it becomes exact, though some very probable causes have been advanced. For instance the association of chronic pancreatitis with gallstones is so frequent as to be suggestive.

Robson estimates that 60 per cent of cases of stone in the common duct show pancreatic implication; Quence and Duval, 50 per cent; Williams and Bush, 40 per cent.

Opie's classical autopsy of Osler's case showed a pea-sized stone so blocking the ampulla of Vater that retrojection of bile into the duct

of Wirsung occurred. The injection of bile into the pancreatic duct, as also occlusion of the duct or injections of colon bacilli experimentally have produced inflammation. Gastro-duodenal catarrh is assigned as the cause of one-third of pancreatic inflammation by Egdahl. Incidentally, Haggard believes that the most frequent cause of catarrhal jaundice is compression of the common duct by the swollen head of the pancreas.

Manganet, among other conclusions, attributes to the lymphatics the most usual route of infection from the biliary region to the pancreas. Egdahl assigns mumps as the factor next in frequency to gallstones and duodenitis.

The diagnosis of pancreatitis is of course a *desideratum*. In the acute form the progress of the inflammation is so rapid as often to mask specific symptoms. The more chronic forms afford time for investigation and do not simulate other abdominal crises as do the acute. In cholecystitis Ochsener believes that taking into consideration the frequency of pancreatic complications of biliary stone, if there exist a distinct point of tenderness half way between the end of the ninth rib and the umbilicus, and a second tender area 5 to 10 centimeters from a point a little to the right of the umbilicus upward over the right rectus, a diagnosis of pancreatitis can be made if duodenal ulcer is excluded. Two cardinal symptoms of the latter must be absent: first, hyperchlorhydria with eructations, and second, pain before meals when the stomach is empty. Another diagnostic feature is pain radiating over the mid-scapular or left scapular region. Other signs are bulky stools, steatorrhea, the presence of nucleated muscle fibers in the feces and the Cammidge reaction.

The "C" reaction of Cammidge seems to be establishing itself as a test of some reliability. It consists, in brief, of finding in urine which has been boiled with hydrochloric acid a substance which yields a glucose reaction with phenylhydrazin. Different observations including urinary examinations of dogs which were the subjects of experimental pancreatitis

tend to confirm the value of the Cammidge test.

The treatment of pancreatic lesions associated with biliary disease is essentially surgical, involving as the cardinal principle, drainage of the pancreas. As soon as the patient's condition permits, the bile duct pathology should be alleviated, most usually by cholecystostomy or cholecystenterostomy. Mayo and others insist upon preservation of the gall bladder whenever possible. The operative statistics in acute infections of the pancreas, while better than the figures of medical treatment, are still very undesirable. A. W.

### THE TURNER BILL.

The Committee on Public Policy and Medical Legislation has prepared a bill amendatory of the present law regulating the practice of medicine in Arkansas, and Senator Turner of Craighead, has been selected to introduce the bill in the Senate and to have charge of the measure until it becomes a law or is defeated. The principal amendment refers to the qualifications of applicants, and is as follows:

Section 5. The Boards shall be styled and known as the "Homeopathic State Medical Board," "The Eclectic State Medical Board" and "The State Medical Board of the Arkansas Medical Society." The Homeopathic State Medical Board shall examine all applicants who have *graduated* from Homeopathic Medical Schools; the Eclectic State Medical Board shall examine all applicants who have *graduated* from Eclectic Medical Schools, the State Medical Board of the Arkansas Medical Society shall examine all other applicants. The Boards shall act separately and independently of each other, and wherever this Act refers to and defines the duties of the Board, it shall be construed as referring to their acting separately, as well as independently of each other.

Section 8. Every person residing in this State, or coming into it, of the age of twenty-one years, who has not heretofore been licensed to practice medicine under the existing laws, making application to register under the provisions of this Act for the purpose of practicing medicine in this State, *shall first make application to the Secretary of the Board represent-*

*ing the School of Medicine from which he graduated, and his application shall be accompanied by a fee of fifteen dollars, this fee being for examination and registration before the Boards. The applicant shall present to the Board satisfactory evidence of graduation from a reputable Medical School, and a school shall be considered reputable within the meaning of this Act whose entrance requirements and course of instructions are as high as those adopted by the better class of Medical Schools of the United States. Such examinations may be written or oral, and shall be of a practical character and conducted in the scientific branches only, and shall include Anatomy, Physiology, Medical Chemistry, Materia Medica, Therapeutics, Theory and Practice of Medicine, Pathology, Bacteriology, Surgery, Obstetrics, Gynecology and Hygiene. All questions and answers, with grades attached, shall be preserved by the Secretary for one year. If in the opinion of the Board the applicant possesses the necessary qualifications, the Board shall issue to him a certificate (indicate the amendments.)*

Other amendments are provision for reciprocity; power to refuse to issue and power to revoke licenses for certain causes; raising the examination fee to \$15; decreasing the number of meetings of the Board from four to two. The bill is to go into effect ninety days after passage and approval by the Governor.

This bill is not only fair and reasonable, but is wholly in the interest of the public health, and should have no opposition in either House. But it is well known that it requires strenuous efforts to pass a sane medical bill, and naturally there will be some opposition expected. Now is the time for each member of the Society to make strong representations to his senator and representative in the interest of the measure, for if the bill becomes a law, it will have to be fought for.

### FADS AND FANCIES.

How the modern physician threads his way among the numerous pitfalls which beset his professional path is a thing for admiration,



In the first place he is crammed with a mass of scientific truths and half-truths which are fed him regardless of the physiology of his mental digestion and absorption. *Mediciné*, as Adami hints, is a vast aggregation of discoveries, many of which are not properly correlated nor valued at their true worth, while no man, possibly, has the temerity to say: let us cease to discover, yet, upon reflection it is high time to pause, consider and adjust the knowledge we already possess. Indeed, much of our so-called knowledge is questionable; the fact of today often becomes the fallacy of tomorrow.

And the fads—good Lord deliver us! Mental healing, gmnmanuelism, ovariectomy for every thing that besets the feminine sex, appendicostomy for epilepsy, vibrators, X-ray treatment, leucodescent lamps, inhalatoria, sera, organic extracts, including that from the festive goat. And how willing and anxious are the dear manufacturers to help us practice medicine! Really, the thing is reduced to electric switches and buttons and specific nostras. No more do we have to expend cerebral energy in writing prescriptions. They are at hand, ready-mixed; somewhat of the hand-me-down variety. Our think tanks are kept busy trying to pay for the “physiological” and “psycho-therapeutic” apparatus we have installed in our offices.

Here's to the day when we shall think for ourselves and practice medicine ourselves! May we cease to run after the new merely because it is new. Let us first try out that which we have and cease to be the goat for every manufacturer who evolves a money-making scheme in the shape of a new machine or a new “tonic.”

A. W.

#### MEETING OF THE ARKANSAS ASSOCIATION FOR THE RELIEF AND CURE OF TUBERCULOSIS.

The first annual meeting of the Arkansas Association for the Relief and Cure of Tuberculosis was held at the Hotel Marion in this city, January 21, the following members being present: Dr. J. S. Shibley, President, Paris; Dr. M. G. Thompson, Secretary, Hot Springs; Governor George Donaghey, Judge Jacob Trie-

ber, Dr. C. M. Walt, Professor W. B. Torreyson, Dr. A. E. Sweatland, Judge Joseph M. Hill, Dr. Anderson Watkins, Professor Junius Jordon Dr. Joseph Clegg and Dr. W. B. Lawrence. Matters of great importance were transacted at this meeting, principally amongst which being the approval of a bill prepared by Judge Trieber, providing for the building and maintainance of a Sanatorium for the treatment of tuberculosis. A committee consisting of Judge Trieber, Dr. Walt and Judge Hill was appointed to have charge of the bill and direct its introduction in the Legislature. This bill will be known as the “Oldham Bill.” Senator Oldham who gives his name to the bill, is now in the West searching for health, and it is unfortunate that he cannot be present to use his great influence to secure its passage. The full text of this bill will be found in another column.

It is quite clear that if the work of the Association is to be fruitful of the best results, it will be necessary that local Associations be organized in every county and district in the State, and until these are formed, the great mass of people cannot be reached. The crusade against tuberculosis is one of education, and the plan adopted to carry out the objects of the Association to be productive of the greatest results, must not only be comprehensive, but the method of teaching must be primary and made to reach into the very cabins of the lowest and most ignorant citizen in the State. Time and experience will evolve the best methods of carrying on this work in Arkansas. A good start was made when the Association selected twenty-eight organizers to go out over the State and organize local Associations. Others will be selected from time to time as occasion demands. It is desired to have at least one association in every county affiliated with the State Association.

A resolution introduced at this meeting by Judge Trieber, which was unanimously adopted, provides that the Presidents of the component societies of the three schools of medicine be ex-officio members of the Board of Directors. This is as it should be, for the Association, although initiated by the Arkansas

Medical Society, is not sectarian and does not propose to confine its work within the limits of any school of medicine. The purposes of the organization are all in the interest of public health, the work purely humanitarian, and there should be perfect harmony and unity of action.

#### FEWER PAPERS; BETTER QUALITY.

An important meeting of the Committee on Scientific Work was held at Pine Bluff on the 11th, a quorum being present. The meeting was called by the chairman, Dr. S. S. Stewart, for the purpose of arranging the program and to determine the character and scope of the scientific proceedings for the coming meeting of the State Society in May. It has long been felt as well as clearly apparent, that the program of our annual meetings was too long, and in order to make the sessions more enjoyable and really profitable, the committee has decided to limit the number of papers to be presented before the various sections, and will endeavor to get out a better quality of papers. The Sections to be represented on the program and the number of papers assigned to each, are as follows:

- Section on State Medicine and Hygiene, 3.
- Section on Diseases of Children, 3.
- Section on Dermatology and Syphilology, 3.
- Section on Practice, 10.
- Section on Obstetrics and Gynecology, 8.
- Section on Surgery, 8.

Discussion of each paper limited to 15 minutes.

The committee recommended that all papers to be presented be typewritten, and essayists are requested to send their manuscripts to the Secretary not later than April 15. The published program will be mailed May 1st, and it will be impossible to change the order after that date. The Section officers are earnestly requested to co-operate with the committee to make this meeting one of the most scientific in the history of the Society.

**LOCATION FOR SALE.**—Good location in town of 1000 population on the main line of railroad in Southern Arkansas. Good residence property and drug store can be bought for \$2000.00. Address, Journal of the Arkansas Medical Society.

#### EVENTS OF THE PINE BLUFF MEETING.

The Annual Reunion of the Alumni Association of the Medical Department of the University of Arkansas. Adam Guthrie, President, Prescott; H. Thibault, Secretary, Scott.

An Adjourned Meeting of the Arkansas Association for the Relief and Cure of Tuberculosis. J. S. Shibley, Chairman, Paris; M. G. Thompson, Secretary, Hot Springs. This meeting will be public and many distinguished laymen will participate in the program.

A meeting of the Secretaries of the Component Societies.

The presence of many distinguished guests.

Tuesday, May 18, meeting of the House of Delegates.

Wednesday morning, May 19, General Meeting. President's Address.

Wednesday afternoon, May 19, Meeting of the Sections on State Medicine and Hygiene, Diseases of Children, and Dermatology and Syphilology.

Thursday morning, May 20, Meeting of the Section on Practice.

Thursday afternoon, May 20, Meeting of the Section on Practice.

Friday morning, May 21, Meeting of Section on Surgery. Afternoon, Section on Obstetrics and Gynecology.

The entertainment program has not been completed, but the meeting will close with a banquet tendered by the Jefferson County Society.

#### PINE BLUFF THE PLACE: THE JEFFERSON COUNTY MEDICAL SOCIETY THE HOST.

The thirty-third annual session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the auspices of the Jefferson County Medical Society. Arrangements are now being made and plans matured to make this meeting one of the most memorable in the history of the Society. Pine Bluff will be well able to care for the entire membership of the society, and there need be no fear of putting a strain on the hospitality of the city. Citizens are co-operating with the local



society to see that every hour not devoted to scientific work may be pleasantly spent in amusement or entertainment. The Jefferson Hotel, one of the very newest and finest hostleries in the State, will be the official headquarters for visitors. The PLACE, PINE BLUFF; the TIME, MAY 18, 19, 20 and 21, 1909. MAKE ARRANGEMENTS NOW TO ATTEND.

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#### MEETING OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY.

The first quarterly meeting for 1909 of the State Medical Board of the Arkansas Medical Society was held at the Marion Hotel in this city on the 11th of January, 1909, all members of the Board being present. There were 69 applicants for license, 68 of whom were white and one colored. Number of graduates, 13; undergraduates, 56.

The University of Arkansas, Medical Department, and the College of Physicians and Surgeons, of Little Rock, were represented by eight and four undergraduates, respectively; total, 12. Twenty-seven undergraduates represented Tennessee schools as follows: Memphis Hospital Medical College, 22; University of Tennessee, 3; Sewanee, 1; College of Physicians and Surgeons, 1. Undergraduates also represented colleges in Kentucky, Illinois, Texas, Missouri and Kansas.

Forty-four per cent of the graduates were from Tennessee schools. Others colleges represented were: University of Georgia; Meharry Medical College of Medicine, Louisville; Illinois Medical College; University Medical College, Kansas City, and Tulane University of New Orleans.

Eighty-one per cent of all applicants were undergraduates. The percentage of failure should not be less than 81 per cent.

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#### WORTHY OF IMITATION.

Under the successful and intelligent directorship of Dr. J. S. Shibley of Paris, President of the Arkansas Association for the Relief and Cure of Tuberculosis, local associations are being formed all over the State to carry out

the purposes for which the State Association was organized, and following Dr. Shibley's recent visit to Fort Smith, where he made a public address, the Fort Smith Society for the Relief and Cure of Tuberculosis was organized with a large membership. The following, taken from a "Circular of Information," is being circulated by the Fort Smith Society to awaken an interest in the world-wide crusade against tuberculosis, and every county in the State should at once imitate the example of Sebastian:

"This Society is organized to combat and prevent the spread of tuberculosis, to better the condition of patients suffering from it and to promote their recovery, to enlist the co-operation of the people in general, and the medical profession and nurses, in administering to those afflicted and preventing the infection of well persons. To investigate the causes of the prevalence of this disease and to collect and publish useful statistics relating thereto.

"To disseminate information among those suffering from the disease, as to the best care and treatment of themselves, and to those who come in contact with it as to appropriate means of preventing its spread, and to the public generally as to facts relative to its bearing on the social life and health of the community. To advocate and help to bring about the enactment of laws looking to the prevention of the disease, and the proper care of those afflicted with it.

"To promote and help in the establishment and maintenance of tuberculosis hospitals and sanatoria for the especial treatment of tubercular patients, and to secure better care of consumptives in their homes, etc., etc.

"This society is in affiliation with, and auxiliary to, the State Association. One dollar per annum pays the dues to the State Association, and 25 cents per annum pays the local society dues. This is a humanitarian work and it goes without saying that all who engage in it do so without expectation of financial reward. But they have the assurance that no other field promises so great a reward in life, health and happiness to those who work and pay, as well as to the recipients of their ministrations."

*Miscellaneous.*HOW DOES POSTGRADUATE STUDY  
HELP THE COUNTY SOCIETY.

The experience of secretaries leads to the deduction that the busy practitioner is willing to spend his precious time for value received, and the more he receives the more time he is willing to spend. With a deep appreciation of how essential it is to study to keep abreast of the progress of medicine, he will enter in any compact which will enable him to work to the best advantage. Early in the practice of medicine he longs for a review of first principles in the light of his growing experience, and later he realizes that as years pass by much of the foundation work is growing misty and slipping away, and he never gathers it up again, though he always means to.

All of the reasons that obtain for the systematic college course are arguments for the systematic postgraduate course in the county society work. The doctor is not a "self-made" man. The graded school, the college and the school of medicine have had him in hand during the formative period of his life, and then he is turned out to browse here and there as impulse and his practice seem to direct. Heretofore his study has been organized according to the best known mental laws. The doctor with his knowledge of neurous knows that the two ends of education, viz., mental discipline and the acquirement of knowledge, are accomplished by the association of ideas. The student does not have geometry once a month, physics once a month and Latin once a month—that plan would be analogous to the usual study plan of the graduate physician.

The circumstances that surround the busy practitioner militate against systematic work. There are no more quiet hours of continuous study. The telephone, the varied demands of practice, many important interests, both personal and civic, break into his train of thought until after a time systematic efforts at study are abandoned and his power of concentration, his habit of thinking everything out to the bottom, become lessened; his enthusiasm, his

ideals, his scientific interest with which he came out of college, wane. The medical society work should, first of all, supply the doctor's greatest need as a student. He should be able to find in it a continuation of the principles of education of the college course, instead of the heterogeneous composition of the usual society's work.

Occasional programs in later years, have attempted to organize the work under the name "symposium." The outlines of the American Medical Association postgraduate course, are an elaboration of the symposium idea with the advantage that they may become and are fast becoming the universal program. They hold the student physician to a certain line of work each month. He systematically reviews all the literature in his library—especially the new book that he has not had time to look into; he reads and sifts his magazine articles on the subject under consideration and then he goes to the society and measures up his work with his fellow practitioners. He is perfectly free to express himself because he has had an equal opportunity of careful preparation. No one knows a subject thoroughly until he is able to express himself clearly, and here the doctor is able to see wherein his knowledge is deficient. For only the kind of knowledge that admits of free expression in both word and deed is good enough for the doctor.

To sit at the feet of a great teacher, to imbibe the ideas that he has worked out and enjoy the power of expression that he has cultivated, is indeed, pleasure and a profit, but how much more valuable is it to the individual member, to gather all the information possible on a subject, to associate the literature with knowledge gained from his own experience, to give expression to his own ideas, and to gather the experience of his own neighbors working under similar conditions of advantage and disadvantage, and then, if possible, to supplement that work by an evening with some lecturer, whose wider opportunity enables him to clear up the dark places and to direct medical thought along the line of prospective discovery.

The county society to be effectual must call



into activity the greatest number of members possible. You can always count on the help of a few from a sense of duty or from a desire for self-improvement, or occasionally some one who has a helpful message to impart, but the larger number are content to be quiet observers, because they feel that they have nothing new and startling to contribute and depreciate the importance of discussing the problems of everyday occurrences. The young practitioner feels his lack of experience—the old practitioner fears his lack of knowledge of recent methods, and all are expecting unfriendly criticism. The postgraduate course with its thorough consideration of everything new and everything old is a great leveler. Everybody has an equal chance, and with the expenditure of a fair amount of energy he gains the approval of his colleagues.

Another advantage of the postgraduate course is that it promotes uniformity in practice, and the profession in a community, working out problems together, choosing and discarding methods, have a greater opportunity to dispel the popular idea that doctors chronically disagree. The postgraduate course, offering, as it does, a perpetual common meeting ground, promotes sociability and fraternalism better than any other plan. Our members enjoy the medical dinners with their stories and jests, but this sort of friendly association they can have with any man or body of men. There is a deeper bond of sympathy among physicians than is touched upon in the common social function. The thing nearest the doctor's heart is his profession and upon that rock the truest friendships are builded. He can go out from the dinner and misunderstand his neighbor's conduct in some professional move, but he can not misunderstand a man in whose soul he has read honesty of purpose while they together were striving to discover Truth.

The postgraduate course plan is bound to succeed, because from any standpoint it is the logical program, but it is yet in its incipient stage. The course needs readjusting and the members of our societies need readjusting. There will be shattered ideals along the line of development, but these will pave the way to success for the future secretary.

With the adoption of the plan come added work and anxiety. We must study the possibilities of the program and be ready with helpful suggestions. We must be on the alert for clinical material and apparatus to make the work as practical and concrete as possible. Definite dates and assignments should be in print, no matter how small the society, and each man should carry through his program on the date assigned, and the assignments should be made in June. The reward is the infinite satisfaction in looking back over the year and seeing something definite accomplished, the best of which is the preservation of the student spirit.—*Marion K. Bowles, M. D., in Illinois Medical Journal, December, 1908.*

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#### A PLAN TO ACCELERATE SLOW PAY PATIENTS.

Dr. J. T. Lawson, Secretary of the Montague County Medical Society, writes that the following notice carried for two weeks in the Bowie, Texas, local papers worked wonders with slow pay patients:

"We, the undersigned physicians of Bowie, take the liberty to address this letter to our patrons and to those who expect to patronize us in the future.

There is no doubt of the fact that many people pay everybody else before they pay their doctor, and in many cases fail to pay him at all. Some because they can't, and some because they don't want to. As a rule the farmers who do not pay us are men who give mortgages to the banks and merchants on everything they own and make no provision for a probable doctor's bill. All we want is a square deal. We are willing to render our services for a reasonable price and have been doing so all along, but we want some assurance that we will be paid. We suggest that every salaried or wage-worker save a portion of his wages each week or month to make a fund to meet a probable doctor's bill or to pay one he already owes.

We want every farmer who gives mortgages to remember his doctor when he goes to the banks or merchants to mortgage his crops and teams for money or supplies.

You will probably need the services of a physician some time during the year, and we request you to make provisions for paying him.

Every person who has ever employed a Bowie physician is given a rating, in a book we have for that purpose.

You are rated as either good pay, slow pay or bad pay.

These ratings will be changed as often as circumstances require.

If you are good pay and later on fail to pay some one of us, your rating will be changed to bad pay, and you will have to pay cash or give security.

If you are now rated as bad pay, you can, by paying up in full, have your name removed from the bad paying class and placed with the good paying class.

But, unless you pay up you can not expect a physician's services except for cash or good security.

Those persons unable to pay their back accounts will be required to give notes, secured by mortgages or good personal security.

Those persons who are in arrears with their physician for any cause must pay or make satisfactory arrangements with him to have the amount carried over in form of notes, etc., before engaging another physician to do his practice.

Ministers and others who have been accustomed to concessions and free practice will be charged the regular fee for all services.

Newcomers will be required to pay cash or make satisfactory arrangements, and for their benefit we append our schedule of minimum fees:

*Town Practice.*

|   |         |
|---|---------|
| Day visits .....  | \$2.00  |
| Night visits .....  | 3.00    |
| Obstetrics, \$15, and \$1.00 per hour for detention after four hours. |         |
| Complicated cases of obstetrics, \$25 to \$50.                        |         |
| All obstetrical work cash.  |         |
| Consultation .....  | \$10.00 |

*Office Practice.*

|                        |                  |
|------------------------|------------------|
| Prescriptions .....    | \$1.00           |
| Office treatment ..... | \$1.00 to \$5.00 |

*Country Practice.*

Day visits, \$1 per mile, except for first two miles or less, which is \$2.50 to \$3 per visit.

Night visits are 50 cents per mile more than day visits.

Consultation, \$10, and \$1 per mile.

All other work same as town practice.

Old line life insurance examination, \$5 straight.—*Texas State Journal of Medicine.*

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**Communications.**

NOTES FROM PINE BLUFF.

Pine Bluff, Ark., Jan. 20, 1909.

*To the Editor:*

In view of the near approach of the annual meeting of the State Society, a few notes from Pine Bluff may be appropriate. First of all, we are preparing to entertain the State Society and shall do so unless some terrible catastrophe prevents. I say this because two years ago our largest hotel was demolished, to be rebuilt at the very time of the meeting, and because certain rumors have gained wide currency to the effect that this hostelry has been badly damaged by the recent changes of channel in the Arkansas river. The freakish current did tear away some of the high bank in front of the city, but no public edifice was damaged except an annex to the court house. The hotel is intact and still has its chicken yard between its rear wall and the river. There will be abundance of room for all unless the attendance breaks all records. In that event our homes are wide open to the visitors.

The Jefferson County Society has of late held the best meetings in many years. Good papers have been read, but during recent months social features have predominated. After all, a lunch and some good stories will do as much to soften differences and bridge ethical chasms as all the forms of organization. I believe the society is more harmonious than it has ever been.

The Councilor of this district reports some excellent meetings with county societies. Dr. Breathwit is serving faithfully and with good results. He expects to report a visit to each



of the societies of his district to the House of Delegates.

Pine Bluff, after a long wait, is to have better hospital facilities. The "Florence Sanitarium," Dr. Jordan's private institution, has been running nearly a year and has done good work. Associated now with Dr. Jordan is Dr. W. T. Lowe, formerly of Ashley and Drew counties. He has made a most favorable impression on his colleagues and bids fair to prove a valuable addition to our society. The "Davis Hospital," a large public and private infirmary, is almost finished and will be thrown open in the early spring.

Our society has put the seal of its disapproval upon lodge practice. Every member, so far as I am aware, has acquiesced in this decision. We believe it to be a monster that would eventually devour, not only harmony, but financial success and the respect in which we are held as a body. Fraternally,

WILLIAM CRUTCHER, M. D.

*President Jefferson County Medical Society.*

### **District and County Societies**

FIRST DISTRICT MEDICAL SOCIETY.—The First District Medical Society will meet at Black Rock, March 9, 1909. A splendid program has been arranged and a large attendance is expected. OLIVE WILSON, M. D., Secretary.

JEFFERSON COUNTY.—The Jefferson County Medical Society met in regular session on Tuesday, February 2, at Dr. W. S. Stewart's office, President William Crutcher in the chair. The roll was called and the following members were present: Drs. Glover, Seales, Caruthers, Jordan, Lowe, Blankenship, Withers, Thompson, Luck, Stewart, Hankinson, Clark, Breathwit, J. M. Jones, M. C. Jones, Smith, Woodul, Duckworth, Troupe and Brunson. Minutes of the previous meeting were read and approved. Letters were read from Dr. McCormack, who, on account of previous engagements, will not be able to attend the State meeting. Letters were also read from Senator Jeff Davis and Congressman Robinson.

Dr. Harry Williams, Tulane, '08, made application for membership.

The following were elected officers for the ensuing year: President, C. K. Caruthers; Vice President, C. A. Glover; Secretary-Treasurer, W. T. Lowe; Delegate to the State Society, William Crutcher; Alternate Delegate, A. G. Thompson. Dr. Marion Duckworth was re-elected to the Board of Censors.

Dr. Luek's paper on "Tetanus" was deferred till the next meeting, and the courtesies of the society were extended Dr. Morgan Smith, of Little Rock, Secretary of the State Society, who came down to discuss some matters pertaining to the coming meeting of the State Society here in May.

Drs. Jordan, Crutcher, Seales, Hankinson and Troupe were appointed on the Arrangements Committee, after which the society adjourned to enjoy refreshments which had been provided by the "Nutrition Committee."

W. M. LOWE, M. D., Secretary.

JOHNSON COUNTY.—The Johnson County Medical Society held its regular monthly session in the office of the Secretary on January 4, 1909.

Clinical cases were reported by Drs. S. M. Graves, E. C. Hunt, W. R. Hunt, W. F. Smith and M. E. Burgess.

Dr. J. W. Ogilvie had been appointed to read a paper on "Pneumonia," but was not present, so no paper was read.

The Secretary was appointed to prepare an article on "Rheumatism" for the February meeting and Dr. J. P. Blakely was appointed to lead in the discussion.

L. A. COOK, Secretary.

SEBASTIAN COUNTY.—The Sebastian County Medical Society met in regular session in Fort Smith, January 14, at 8 p. m. An interesting paper was read by Dr. Bradford Meadows, of Fort Smith, on "Malarial Hematuria," which was discussed by Drs. Hardin, Hynes, Foltz, Eberlie, Cooper Taylor, Ozment, McLaughlin, Wilder and Anis. Dr. St. Cloud Cooper, of Fort Smith, was installed as President and Dr. Dred R. Dorente, of Fort Smith, as Secretary. After the transaction of all business, the Society adjourned to attend the annual banquet.

L. R. DORENTE, Secretary.

MILLER COUNTY.—At a meeting of the Miller County Medical Society held January 8, 1909, the following officers were elected: President, H. R. Webster; Vice President, Marion N. King; Secretary-Treasurer, Leonce J. Kosminsky; Censors, J. A. Lightfoot, T. F. Kittrell and F. M. Lennard; Delegate to State Medical Society, R. H. T. Mann; Alternate, Marion N. King.

LEONCE J. KOSMINSKY, M. D.,  
Secretary.

MISSISSIPPI COUNTY.—The next session of the Mississippi County Medical Society will be held at Osecola on February 9, 1909, at 10 a. m. The program will be the same as at last meeting, none of the essayists having been present then. The program is as follows:

1. "Tubal Pregnancy, Report of a Case," by J. D. Harbert, M. D.
2. Paper by H. T. Crawford, M. D.
3. General discussion and presentation of cases by physicians present.

In accordance with instructions, the Secretary sent invitations to all the Crittenden County physicians, asking them to become members of our organization since they have none of their own, and the train service makes it as convenient for them as our own members living in the southern part of the county. It is hoped that every member will be present, as we hope to organize an auxiliary society to the Arkansas Association for the Relief and Cure of Tuberculosis for this county, and to frame a bill to be sent to our representatives at Little Rock in the endeavor to secure a law so much needed in our State for the recording of vital statistics. Don't think, doctor, that the others will attend to it; as much depends on you as on anyone else, and you owe as much to your community and people as anybody, so "Be not like dumb driven cattle, be a hero in the strife." Come and speak out when you get there.

THOS. G. BREWER, M. D., Secretary.

UNION COUNTY.—At a call meeting of the Union County Medical Society, held at El Dorado, on the 18th of January, the following were elected officers for the ensuing year: R. H. Niehuss, Wesson, President; I. M. George, El Dorado, Vice President; S. E. Thompson,

El Dorado, Treasurer; C. S. Pettus, El Dorado, Secretary. Delegate to the State Society, L. L. Purifoy; Alternate, J. M. Sheppard.

D. S. Barton, D. D. S., read a very interesting paper entitled, "The Care of the Teeth and Mouth," which evoked an interesting discussion.

This was one of the most enthusiastic meetings the society has ever held, the special theme for discussion being, "The Benefits to be Derived from Organized Medicine." Every member present spoke to the subject in an earnest and interesting manner, and the indications point to a unified and active society for 1909.

#### FEBRUARY MEETING.

At a regular meeting held February 2, Dr. Sam E. Thompson reported an interesting case of pernicious malaria, which was discussed by Dr. McGraw, who directed attention to heart involvement in such cases, and by Dr. Niehuss, who laid great stress on the value of elimination in the treatment. Dr. Niehuss read his address as the newly elected President, and on motion its publication was requested in the Journal. The address is as follows:

"As the newly elected President of the Union County Medical Society I have first to say that I thank you, and to say that I appreciate the honor which you have thrust upon me in a measure beyond expression. I am younger in the profession than many of you, and am one of the younger members of the Union County Medical Society; but having been among you for some time, I have come to feel that hearty welcome which is a natural attribute to a successful working organization. With the keen appreciation of the honor and the pride and inspiration developing therefrom, and with the love and ambition that I have for organized medicine, it will be my aim and purpose to harmonize all the working forces that I have together with that already possessed by our organization.

Every associate body has a specific purpose in view, and unless that purpose is accomplished, the efforts cannot be deemed successful. In our organized body every member is well aware of the purpose of the organization. You are also aware that without the combined efforts of all this purpose cannot be accomplished. I cannot alone make this a successful year for our society, neither can any one of you, but with the combined efforts of all, and with the successful application of that great pass-word, "Harmony," this can be made even a better society than it has ever been in the past. Experience is the greatest teacher we have. Close adherence to experimental laws will accomplish for us far more than



we expect. Experience, in a measure, teaches us—if we are keenly perceptible—the possible good that may follow our unsuccessful efforts as well as our successful efforts.

As some one has truly said: "There are only two classes of people who never make mistakes—the dead and the unborn." Mistakes are the inevitable accompaniment of the greatest gift to man—individual freedom of action. If we were only a pawn in the fingers of Omnipotence, with no self-moving power, man would never make a mistake, but would be degraded to the ranks of the lower animals and plants. An oyster never makes a mistake—it has not the mind.

Life is simply time given to man to learn how to live. Mistakes are always part of learning. The real dignity of life consists in cultivating a fine attitude toward our own mistakes and those of others. Man becomes great, not through never making mistakes, but by profiting by those he does make; by being satisfied with the single rendition of an unwise act, not encoring it into a continuous performance; by building a glorious today on the ruins of his yesterday, and by rising with renewed strength, finer purpose, and freshened courage every time he falls.

Some people like to wander in the cemetery of their past errors, to re-read the epitaphs, and to spend hours in mourning over the grave of a wrong. This is a new mistake that does not antedate its predecessor. The remorse that paralyzes hope, corrodes purpose and deadens energy is only a sort of indigestion of the soul which cannot assimilate an act. It is a cowardly, selfish surrender to the dominance of the past.

Realizing mistakes, is good; realizing on them, is better. If we can get real, fine, satisfying dividends from our mistakes they prove themselves not losses, but wise investments.

In part, the purpose of our society is "to elevate and make effective the opinions of the profession in legislative, public health and material affairs—to the end that the profession may receive that respect and support within its own ranks and from the community from which its honorable history and great achievements entitle it." I call your attention to this part of the constitution that you may be reminded of the fact that we have practically no laws for the protection of public health and for the prevention of the spread of contagious and infectious diseases. As has been truthfully said: "The State Board of Health has not money wherewith to buy its postage stamps." This is indeed a condition of affairs that we as citizens of the great State of Arkansas should bow our heads with shame at the mere mention of its existence. Let us be active and use every opportunity at our disposal toward accomplishing something along this line. It is our duty as Christians, as professional men, and as able-bodied members of the human family, to care for the unfortunate who cannot care for themselves and to lend a helping hand to suffering humanity."

Drs. Sheppard, Thompson and Pettus were appointed to investigate and report upon the best plan of arranging a delinquent list. Each member is requested to be present at the next meeting with his list to file. A committee was also appointed to outline a scientific program for the present year, and a report will be had upon the adoption of the postgraduate course. Three interesting papers will be read at the March meeting.

C. S. PETTUS, M. D., Secretary.

WASHINGTON COUNTY.—*The* Washington County Medical Society met in regular session at Fayetteville, Tuesday, January 5, 1909, with an attendance of sixteen members. Papers were read by Drs. Martin and Lininger, of Springdale, and Dr. Hardin, of Fayetteville. Dr. Yates and Dr. Blackburn reported interesting cases of ischio-rectal abscess.

At this meeting dues were collected for the current year and new officers elected. Dr. James Southworth, for many years the efficient and faithful Secretary, tendered his resignation because of his increasing professional duties and his not-too-rugged health. All of the outgoing officers have been punctual in attendance and painstaking in the discharge of their duties. Dr. David C. Summers, of Elm Springs, who has already taken a keen interest in organized medicine, was elected President. Dr. Thomas Blackburn, of Cane Hill, equally alert to all things pertaining to his profession, was elected Vice President. Dr. Nina V. Hardin, of Fayetteville (one of the brightest women in the State—*Editor*), was elected Secretary and Dr. H. D. Wood, one of the faithful few, Treasurer.

Two new members were elected, namely: Dr. J. S. Martin and Dr. Phoebe Lininger, of Springdale.

NINA V. HARDIN, M. D., Secretary.

JOHNSON COUNTY.—*The* Johnson County Medical Society met in the office of the Secretary on February 1, 1909. Those present were W. F. Smith, President; L. A. Cook, Secretary; W. R. Hunt, J. S. Colb, J. M. Cowan and J. L. Stewart. L. C. Eubanks and Geo. Hardgraves, students of medicine, were present. The minutes of the last meeting were read and

approved. On motion the Secretary was instructed to confer with the Secretary of the State Society in regard to an amendment to the constitution relative to attendance of members at the County Society meetings.

Drs. Hunt, Cowan, and Blakely were appointed a committee to investigate in regard to certain illegal practices alleged to have been done by members of this society and report their findings at the next meeting of the society.

Clinical cases were reported by Drs. Hunt and Cowan.

Dr. L. A. Cook read a paper on "Rheumatism," and discussion followed by Drs. Hunt, Blakely and Smith.

Dr. J. P. Blakely was appointed to read a paper on "Swamp Fever," at the March meeting, and Dr. G. W. L. Herrod was appointed to lead the discussion.

L. A. COOK, M. D., Secretary.

BAXTER COUNTY.—The Baxter County Medical Society met at Cotter on February 4, the following members present: J. T. Tipton, J. A. Hipp, C. T. Canaday, J. H. Simpson, M. D. Mathews, C. A. Hackler, and J. J. Morrow. After the scientific program was rendered all the members engaged in the discussion of the "Schedule of Fees," as suggested by Dr. McCormack in the Journal. The meeting was interesting and enjoyed by all present.

J. J. MORROW, Secretary.

PULASKI COUNTY.—The Pulaski County Medical Society held a regular meeting January 11, with President Judd in the chair, ten members being present. Dr. Ferdinand Schmitter read a most interesting paper on "Microscopic Studies of the Kidneys," in which he gave the results of some excellent original works along histological lines. He also showed some interesting old monographs in original prints collected by himself. The paper was discussed by Drs. Dunnaway, Miller, Lindsey and Ogden.

A letter was read from Dr. Merriwether, Councilor of the Eighth District, soliciting contributions for the earthquake sufferers. There being no further business the society adjourned. E. P. BLEDSOE, Secretary.

## PERSONAL.

Dr. Robert Caldwell, Hospital Medical College, Ky., '01, has recently moved from Vincennes, Ind., to Little Rock, and has formed a co-partnership with Dr. C. C. Stephenson. Dr. Caldwell was House Surgeon for a number of years at the well-known private Sanatorium of Dr. Geo. R. Knapp's, at Vincennes. The firm will limit their practice to diseases of the eye, ear, nose and throat.

Dr. G. M. D. Cantrell is in Philadelphia, attending the hospitals, and will be absent several weeks.

Dr. A. V. Scott, a well-known practitioner of Little Rock, is still confined to his bed as a result of an injury of the hip received some months ago.

Dr. Joseph T. Clegg, President of the State Society, Dr. W. B. Lawrence, of Batesville, Dr. H. C. Dunnivant, of Osceola, Dr. M. G. Thompson, of Hot Springs, and Dr. J. S. Shibley, of Paris, were recent visitors in Little Rock.

Dr. Merriwether, Councilor of the Eighth District, made an official visit to the Johnson County Medical Society at the last meeting of that society.

Dr. Geo. S. Brown, of Conway, and Dr. J. T. Henry, of Eagle Mills, members of the Committee on Medical Legislation, were in Little Rock on the 12th on business connected with their committee.

Dr. O. Howton, of Osceola, one of the most zealous members of the Mississippi County Medical Society, was in Little Rock on the 10th.

Dr. Sam E. Thompson, Chairman of the Committee on State Charity Hospital, was in Little Rock recently in the interest of a Joint Resolution which his committee has had prepared and which he hopes to have introduced in the Senate soon.

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## MARRIAGES.

Dr. S. T. Tapscott, Secretary of the White-Cleburne County Medical Society, was married on January 21 to Miss Margaret Wilburn, of Searcy.



## Obituary



AARON G. DICKSON, M. D.

Dr. Dickson died on Thursday, January 28, at his home in Paragould, from double lobar pneumonia after an illness of ten days. The news of his death will be received with profound sorrow by those who had the pleasure of his acquaintance, and his death removes from the State and the medical profession an accomplished gentleman, a progressive citizen and an able surgeon. Dr. Dickson was born in Paragould in 1867, was graduated from the Lebanon Normal School (B. S.) in 1886 and the Medical Department of Vanderbilt University in 1889. He began practice in his native city and there laid the foundation for the success which later crowned his labors. Although he was better known as a surgeon, he never lost interest in general practice, for it was his long schooling in general practice that fitted him for his surgical work.

Dr. Dickson was a member of the American Medical Association and the Arkansas Medical Society, and at the last annual session of the latter was chairman of the section on surgery. His contributions to medical literature have not been many, but when he did essay to speak or write his remarks were listened to or read with profound attention. His interest in surgery led him into European centers of learning, and travel and study broadened his professional horizon and equipped him for his work. In

order to better care for his large surgical practice he built the Paragould Sanitarium, a model institution, and it was here that he spent the last years of his life, doing the work for which he was so well qualified.

One who knew Dr. Dickson intimately writes of him as follows:

"He was a good Samaritan, doing deeds of kindness, relieving suffering, cooling the fevered brow and carrying good cheer into the homes of the humble. He lived for others, not for himself; he died a martyr to the cause of suffering humanity.

"His philanthropy was so great that his chief pleasure was in doing for others what they could not do for themselves, and he was never happier than when alleviating the suffering of his fellow-creatures.

"Humanitarianism pulsed in his every heart-throb and humanity gave back to him the reward of gratitude. His kingdom was the hearts of his friends and his friends were the whole people who knew him, whether high or low, rich or poor."

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### NEW MEMBERS.

L. H. Hill, M. D., Greenway.  
C. M. Fuson, M. D., Piggott.  
S. J. Estes, M. D., Lorado.  
J. C. McAdams, M. D., Clay.  
J. S. Martin, M. D., Springdale.  
Phoebe Lininger, M. D., Springdale.

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### CHANGE OF LOCATION.

Dr. W. L. Brown from Keener, Boone County, to Hurlbert, Okla.  
Dr. A. A. Evans from Bethesda, Independence County, to Newark.  
Dr. W. M. Moore from Hollywood to Arkadelphia, Clark County.  
Dr. W. E. Wommack from Hermitage, Bradley County, to Texarkana.  
W. B. Bean from LaGrange to Marianna.

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### BIRTHS.

Born, to Dr. and Mrs. C. S. Pettus, of El Dorado, a girl.  
Born to Dr. and Mrs. Oscar Gray, a girl baby.

## THE PSYCHIC TREATMENT OF FUNCTIONAL NEUROSES.

Julius Grinker, M. D.

(Quarterly Bulletin of Northwestern University Medical School, December, 1908.)

Neurology is no more barren of therapeutic results. Among the many advances made the psychic method of treating functional neuroses stands out conspicuously. The various cults had absolutely no share in the originating of psychotherapy. They merely utilized well known principles while the majority of physicians are asleep. But as in many other fields of activity, the economic side of the question is beginning to awaken the lethargic mass of practitioners who are now rubbing their eyes and asking what is this psychic treatment? The answer is, It is nothing new; it is as old as mankind and has been practiced ever since there were any practitioners. We have always practiced it and did not know it. While formerly we made extensive use of suggestions, we now aim to follow more rational methods. The older methods had a tendency to subject the patient's will to an extraneous force, such as suggestion, hypnotism or prayer. The new psychotherapy utilizes modern educational principles in order to strengthen the weak spots in the patient's mental makeup and aims to cast out the parasites of the mind and to permit healthy thought-associations to be re-established. It teaches principally self-reliance and scoffs at slavish subjection to another's will. The following is a concrete example of psychotherapeutic success:

Mrs. C. D., aged 50, sustained an insignificant trauma to her right knee. Several days later she developed a typical case of traumatic hysteria. Her right knee was painful and stiff, the entire right leg then became paralyzed. Various diagnoses had been made and all kinds of treatments were administered. When she came under my observation she had been a confirmed invalid for a period of eight months, spending her time between the bed and an invalid chair. My diagnosis was traumatic hysteria; and the treatment purely psychical. In a few weeks from the beginning of treatment she was able to walk and attend to her household duties. She has now been well for over four and one-half years. For details of treatment the reader is referred to the original. In conclusion I wish to emphasize that if the practitioner will devote a little more time to his patient's mentality, the ground will slip from under the feet of the "Christian Scientist," "New Thought," "Religious Psychologist" and the entire tribe of charlatan "healers." Their nefarious business of converting the race into a stupefied mass of cringing puppets at the shrine of Oriental superstition will then be at an end and we shall again have a race of reasoning people.

## EXTENSIVE TREATMENT OF FRACTURE OF THE LEG (MODIFICATION OF HENNEQUIN'S APPARATUS.)

E. C. Riebel, M. D., Chicago.

(Quarterly Bulletin of Northwestern University Medical School, December, 1908.)

Operative treatment not applicable as yet as a routine procedure in difficult simple fracture. Permanent reduction best obtained by continuous extension. Elimination by this method of bad features of rigid immobilization mainly; impairment of function and delay of sound callus formation by preventing a reasonable play of the bone surfaces against each other. Hennequin's apparatus best applicable in oblique fractures of the leg, also in comminuted with interposition of fragments and in compound fractures. The principle features of Hennequin's frame are traction upon the leg in a horizontal position with flexion of the femur. To this are added the advantages of a double inclined plane without change of the horizontal position of the leg, thus transposing the gravity of the leg into traction. The apparatus is expensive and may be replaced by a simpler one omitting this last feature. A frame is made of gaspipe 9 inches high, 8-3 1-2 inches wide and 20 inches long. This consists of two lateral and two cross pieces. It is open at either end above. To this is joined a U piece for the femur 13 1-4 inches long, somewhat wider than the frame and movable upon it to allow adjustment at any angle. Both are covered with duck cloth. Extension is made by means of a plaster shoe. Application requires great care to avoid decubitus. Sufficient padding must be applied. Shoe is made circular application of plaster of paris bandage. Shoe is then covered with oiled paper or rubber cloth and a posterior moulded splint applied from the calf to the sole of the foot. The apparatus should be perfectly level when placed in the bed. By cutting a window in the splint and using duck strips for a hammock, wounds on the posterior surface of the leg may be dressed in situ. Extension is made by means of a pulley. The cord is attached to the loop of bandage incorporated in the shoe. About 4 pounds traction will suffice in fresh fractures to begin with; this may be increased by a pound every other day up to seven pounds. In older fractures 9-10 pounds are required. Traction is tolerated better by day than by night. Any surplus above six pounds should be removed at night and added again by day.

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## Book Reviews

**Progressive Medicine**, Vol. IV, December, 1908.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 333 pages, with 26 engravings and two colored plates. Per annum, in four paper-bound volumes, containing over 1,200 pages, \$6 net; in cloth, \$9 net. Lea & Febiger, publishers, Philadelphia and New York.

*Progressive Medicine* for December is an especially interesting number of this very valuable quarterly. Dr. David L. Edsall of Philadelphia, reviews the literature on diseases of the digestive tract and allied organs, the liver and pancreas in a practical and comprehensive manner. That portion dealing with gastric ulcer and other diseases of the stomach is worthy of second reading. There is no subject at present of more interest than diseases of the pancreas, and Dr. Edsall has not neglected to illuminate this subject. Dr. John Rose Bradford of London, deals with certain diseases of the kidneys, as renal tuberculosis, syphilitic nephritis, hemorrhage in renal diseases and bacilluria. The review of surgery of the extremities, tumors of joints, shock, anesthesia and infections is by Bloodgood of Baltimore, and all real additions to our knowledge to these subjects are succinctly and clearly treated of. Belfield of Chicago has covered the advance in genito-urinary diseases in a very satisfactory manner, and his opening article on vaccines and sera in gonorrhea is of considerable interest. Dr. Landis, the assistant editor, closes with what, to our mind, is the most practical department of the number, a practical therapeutic referendium. References to serum therapy are exceptionally interesting.

*Progressive Medicine* has earned a well deserved place in every physician's library, and it will continue to hold claims upon the patronage of the profession.

**A Manual of Diseases of the Nose and Throat.**

By Cornelius Godfrey Coakley, A. M., M. D., Professor of Laryngology in the University and Bellevue Hospital Medical College, New York, etc. Fourth Edition, Revised and Enlarged. Illustrated with 126 engravings and seven col-

ored plates. New York and Philadelphia: Lea & Febiger, 1908, pp. 604.

The fourth edition of this popular little hand-book has undergone a thorough revision by the author, and presents, as heretofore, strong claims upon the student and practitioner as a reliable book suited to their requirements. The book was written to meet practical needs, and the sections on Examinations, Diagnosis and Treatment have been given special treatment by Dr. Coakley. In order to carry out the purely practical character and purpose of the work, the author only refers to those remedies and measures that have been proven to be the best, and the reader is spared the pains of wading through a mass of therapeutic suggestions. In Chapter XII will be found a very useful and convenient classification of remedies usually employed in the local treatment of diseases of the nose and throat. The arrangement of the text is natural and logical and the illustrations are good throughout.

**A Text-Book of Operative Surgery, Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery.** Designed for Practitioners and Students. By Warren Stone Bickham, M. D., Phar. M., Junior Surgeon, Touro Hospital, New Orleans, etc. Third edition greatly enlarged containing 854 illustrations. W. B. Saunders Company, Philadelphia and London, 1908.

The first edition of Bickham's Operative Surgery appeared in 1906, and immediately gained recognition as a work of exceptional merit. The third and last edition presents many changes and additions, containing 1,204 pages and 854 illustrations. The arrangement of subjects is well planned, and the text clear and easily comprehended. Dr. Bickham has devoted considerable space to surgical anatomy and emphasizes its importance in all surgical manipulations.

The operations described are considered under two heads: Part I treats of Operations Upon Arteries, Veins, Lymphatic Glands, Nerves, Bones, Joints, Muscles, Tendons, Ligaments, Fasciae, Bursae. Chapters XII and XIII are devoted to Amputations and Disarticulations, and Excision and Resections of Bones and Joints. The Operations of Special Surgery, treated of in Part II, include operations

upon the Head, Spine and Spinal Cord, Neck, Thorax, Abdomino-Pelvic Region, Male and Female Genital Organs, and Hernia. We are pleased to note the completeness of the index, a very important feature in works of this sort. The illustrations are beautiful and drawn with great accuracy. Bickham's is a work that will be a safe and reliable guide to the student and practitioner and we commend it most cheerfully. G.

**A Text-Book of Diseases of Women.** By Charles B. Penrose, M. D., Ph. D., formerly Professor of Gynecology in the University of Pennsylvania. Sixth revised edition octavo of 550 pages, with 225 original illustrations. Philadelphia and London. W. B. Saunders Company, 1908.

This very meritorious work has passed through six editions, a fact sufficient to attest its popularity amongst students for whom it was expressly written. The long experience of the author has qualified him to present gynecological teaching in a manner easy of comprehension, and to prevent confusion of the student, he has omitted all anatomical, physiological and pathological facts not necessary to a clear conception of the subjects discussed. The treatment outlined is based upon the author's experience and only the best approved plan suggested. Plastic operations are clearly described and the chapter dealing with lacerations of the pelvic floor are especially lucid. The simple, clear and unobtrusive style of the author is a charming feature of the book and with which the reader is delighted. The arrangement of topics could not be improved upon, while the illustrations are quite good enough. G.

### **Books Received**

**Orthopedic Surgery for Practitioners.** By Henry Ling Taylor, M. D., Professor of Orthopedic Surgery and Attending Orthopedic Surgeon, New York; Post-Graduate Medical School and Hospital, Hospital for the Ruptured and Crippled,

New York; Assisted by Charles Ogilvy, M. D., and Fred H. Albee, M. D., New York; 503 pages; 254 illustrations. New York and London. D. Appleton & Co.

GREATER NEW YORK NUMBER—An unusual feature of medical journalism will be presented in the March issue of the *American Journal of Surgery*. The entire original subject-matter in this issue will be contributed by New York City surgeons of note, as a number of new operations will be first presented therein. Among the contributions to appear are:

A New and Simple Method of Intestinal Anastomosis (illustrated), Howard Lilienthal, M. D.; Sigmoiditis and Perisigmoiditis, James P.) Tuttle, M. D.; Sacral Suspension of the Uterus—A New Technic (illustrated), James Van Doren Young, M. D.; Cancer of the Breast, Willy Meyer, M. D.; A Modified Operation for Inguinal Hernia (illustrated), Albert E. Sellenings, M. D.; The Localization and Removal of Foreign Bodies With Especial Reference to Those in the Skeletal Tissues (illustrated), Dr. Walter M. Brickner; An Operation for Direct Blood Transfusion With a Description of a Simple Method, John A. Hartwell, M. D.; Plastic Mastoid Operation—A New Method of Operating in Acute Mastoiditis, T. F. Hopkins, M. D.; Dislocation of the Cervical Vertebrae (illustrated), James P. Warbasse, M. D.; Surgery of the Pericardium and Heart, H. Beeckman De Latour, M. D.; Fibrosis Uteri and Its Surgical Treatment (illustrated), S. W. Bandler, M. D.; Laryngeal Stenosis in the Adult, Successfully Treated by Intubation, William K. Simpson, M. D.

**FOR SALE.**—Nice office and lot. Practice gratis to purchaser. Railroad town. Eastern Arkansas. Price \$300.00. W. B. Bean, M. D., LaGrange, Ark.



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### Original Articles.

#### MALARIAL HEMATURIA.\*

By J. G. Waldrop, M. D., Augusta.

Malarial hematuria is an infectious disease constituting a remittent type of fever and characterized by hemorrhagic urine, jaundice, prostration, and nephritis. Its occurrence is more frequent in the later summer and fall months, in regions and localities where malaria is quite prevalent, and in those whose systems have been placed in a debilitated condition from previous attacks of malaria.

The attack generally, but not necessarily, begins with a chill, followed by high fever, prostration, and increased or diminished urine of a hemorrhagic character; there is generally a severe aching in the lumbar region, and much nervousness. There may or may not be recurring rigors, and if present they are not marked periodically as in ordinary malarial affections.

It is an accepted fact that the plasmodium malariae is a primary factor of the disease, that in their sporulation there is disintegration of the red blood corpuscles to such an extent that by their elimination through the kidney, the characteristic hemorrhagic urine or hemoglobinuria is produced. If the recurring rigors be manifest, immediately following one is noticed an exacerbation of all the symptoms, the fever mounting rapidly to an extreme height and the hemorrhages becoming more severe, but as a rule exacerbation in temperature is only marked for a short period.

As I have stated, it is an accepted fact that the etiological factor is that of the malarial plasmodium. If such be the case, it brings to my mind confusion, when we readily see that there is no periodical return of the rigor as manifested in any other affection where the sole cause is due only to the affection of, and period of sporulation of, the plasmodium malariae. Such being the case, that the paroxysms are not markedly periodical in this affection, are we not to draw conclusions that there are other existing causes in producing the charac-

teristic hemorrhages and rigors? Is it not plausible that the rigors are septic in nature and chiefly due to a toxemic condition of the blood?

A microscopical examination of the blood shows an existing hemolysis; also an examination of the kidney and liver shows a pathological condition of fatty degeneration. It furthermore shows in a majority of cases a disappearance of the malarial plasmodium. If this be the case should we not expect the steatosis of the kidney and liver, and the hemolysis of the blood, to produce such toxemic condition as to cause, when in sufficient quantity, death to the plasmodium malariae? There would then be nonperiodicity of the rigors.

Since hemolysis is present we know that it requires a specific immune body and a complement to produce it, therefore should we not accept this complement as a secondary factor in this one affection? Whatever, this secondary factor is, I accept it as the most important in the production of malarial hematuria.

Inasmuch as there is a steatosis of the liver and kidney, we should naturally expect an abnormal function manifested in these organs. We would expect from this source alone a secondary factor in the production of the hemolysis. I have so far been unable to find any authors who have given a satisfactory explanation of this condition of the blood. If the liver is functioning abnormally, and, as we have all observed, there is an excessive amount of bile, exhibited by an incessant bilious vomit and jaundice (this jaundice has been classed as hematogenous), is it not feasible that the primary cause has brought about this condition of the liver, producing an excessive generation of bile which is taken into the circulation and takes part in the production of this hemolysis, as well as the fatty degeneration of the liver? In accepting the antequinine belief, I base my opinion upon this same basis, accepting that when the blood is in this condition, that the action of the quinine may take an active part in bringing about this hemolysis. Furthermore, I believe that this disintegration and degeneration of the red blood corpuscles and the toxins generated therefrom is sufficient to cause a death blow to the malarial plasmodium; doing away with any therapeutical indication for the administration of quinine, to say nothing of the conditions found in the kidneys

\*Read in the Section on Practice at the thirty-second annual session of the Arkansas Medical Society, held at Little Rock, May, 1908.

which would contraindicate its use. Before entering into the treatment, I wish to say that the most essential and important point we should bear in mind, is that when we come in contact with a case of malarial hematuria we are no longer dealing with a case of active malaria, but a product of malaria, and a dyscrasia constituting a disintegration and breaking down of the red blood corpuscles. We should ever bear this in mind, and by doing so we avoid yielding to a theoretical temptation in the administration of quinine merely because of the fact of its antidotal virtues. We should remember that we have to battle with a profound intoxication—the blood-current contaminated with dead blood elements and toxins.

As to prognosis, I believe the greater number of cases will yield under proper management.

Treatment: First, lose no time in producing rapid and active elimination, especially through the skin, liver and kidneys. Second, control temperature and combat any other symptoms as they may arise. Third, a tonic treatment to hasten restoration of the depreciated condition of the system.

The drugs used to accomplish the above outline of treatment, would of course depend upon the individual choice of the physician. To obtain free purgation, I prefer the use of mercurials, salines, and sodium hyposulphite. I have observed good effects by combining a mild diuretic with the hyposulphite. Diuresis and diaphoresis are promoted by normal saline enemata, one-half to one pint being given from three to six hours. These should be given slowly and carefully so as to insure retention.

The condition of the patient governs my choice in the use of antipyretics, but I find after free elimination has been established there is no indication for them. Rigors, if present, are controlled by local warmth. The acute symptoms having subsided, tonics are administered, the virtues of which are to build up the blood, improve digestion, and regulate the function of the entire alimentary tract.

#### Report of Typical Cases.

Case No. 1. A schoolboy, 13 years of age; history of having had chills recurring every seventh, fourteenth, and twenty-first days for past ten months; attacked with chill in the morning; administration of purgative followed with quinine the following day; was free of temperature and every indication that chill had been aborted. Six hours after the time for the paroxysm, some lumbar and lower extremity aching, and rise of temperature were manifested, followed within thirty minutes by hemorrhagic urine and rapid increase of temperature. The patient was placed upon thirty grains of sodium hyposulphite every hour and a diuretic mixture every two hours. The following twelve hours the patient was quite nervous; frequent and copious urination with temperature ranging from

103½° to 105°, during which period strychnine and phenacetine were used. There was yet elimination taking place through the bowels, with but little if any change in the character of the urine. Temperature dropped to 102° and restlessness abated, but at 10:00 o'clock p. m., or thirty hours after initiation of the attack, a severe rigor was manifested with exacerbation of every symptom.

The dose of sodium hyposulphite was increased to forty grains. At the fortieth hour, or ten hours after the first rigor of the attack, the patient had the fourth one, which was of one hour's duration and was the most severe of any. The case seemed hopeless, but internal stimulation, as well as local warmth, was pressed and enteroclysis used. Four hours later urine began to clear up, then interval between the doses of medicine was lengthened. Three days later the patient was free of temperature and progressed to an uninterrupted recovery.

For two succeeding years the patient did not take a dose of medicine, nor for the seven years following has he taken a dose of quinine, and continues to and now lives in a malarial district. What became of the long-existing malarial infection?

Case No. 2. In September I saw Mrs. W., who had been suffering from malaria since the previous June. She exhibited recurrent chills which could be controlled with quinine, but returned every fourteenth or twenty-first day. For three weeks previously she was constantly on iron, quinine, strychnine, and arsenic in tonic form, and was four months pregnant. She had had a dumb ague an hour previous to my call. I found her with a temperature 102°, incessant nausea and vomiting. She received palliative measures to control the stomach symptoms and was given calomel and six grains of quinine every three hours. Her condition remained the same until 10:00 o'clock p. m., when I was called back to find her very nervous, nauseated, jaundiced, a temperature of 104°, and having hemorrhages from the stomach, bowels, and kidneys. She at once received a hypodermic injection of strychnine, morphine, and atropine, and I placed her upon forty-five grains of sodium hyposulphite every hour, and buchu and acetate of potash every three hours. Two hours after the hypodermic she received an enteroclysis of warm normal saline solution. By 8:00 o'clock the following morning hemorrhage of the stomach had ceased, and bowel and kidney actions showing better in character. By 6:00 o'clock p. m., all hemorrhage had checked and temperature went down to 101°. She continued to convalesce, made an uninterrupted recovery and had no more chills up to the time she moved out of the malarial district, and progressed to full term pregnancy.

Case No. 3. E. B., a child nine years of age, began with chills last December, tertian in type, which were controlled with quinine only to return



the following or second week. She also for two weeks in April had been upon an antimalarial tonic during the interval.

She had passed to the seventh day and experienced some aching followed by a languid feeling. She thought she had slight fever. She felt better the next day and took no treatment. On the second day, I was called at 7:00 a. m. and found she had experienced some slight aching followed by a discharge of bloody urine. She was up, had a temperature of  $99\frac{1}{2}^{\circ}$ , and presented an appearance of malarial cachexia.

She received a mercurial purgative followed by twenty grains of sodium hyposulphite, hourly, with a diuretic.

At 7:00 p. m., the urine had about cleared up; the following morning the kidneys were in good condition, and all treatment dispensed with except a mixture of buchu, acetate of potash, and sodium hyposulphite, prescribed to be taken three times a day. She reported on the fourteenth day, that while she had no chill and scarcely any fever, she was somewhat nauseated and had loss of appetite; consequently, I ordered, quinine, strychnine, and iron. She has had no return chills; the skin has cleared up, her appetite improved, and she is in better condition than she had been at any time previous to the beginning of the tertian type of chills last December.

#### DISCUSSION.

Dr. O. Howton, Osceola: I think this paper is an excellent one, and well worth discussing. To my mind the doctor's treatment is ideal. I believe that most of the cases of malarial hematuria are chronic malaria in the acute form, where we have the congestive chill. I have seen several cases of malarial hematuria in which there was no chill whatever, and very slight fever. I want to refer to that, because I came very nearly losing the first patient I ever saw with malarial hematuria. I attributed it to the fact that I gave quinine in large doses. I gave it to the point where it became a renal irritant, instead of an anaphylactic. The irritation of the kidneys caused the trouble to increase, and if it had not been for the timely assistance of a brother practitioner, I think the patient would have died within a short time. I changed the treatment and put him on hyposulphite of soda, which the doctor recommends, and which I believe is almost a specific for malarial hematuria. I believe it is as nearly a specific for hematuria as quinine is for the acute stages of malaria.

Dr. R. W. Lindsey, Little Rock: I don't know exactly what the doctor means by the by-product of malaria. The by-product of anything would be something that is the refuse of some product already made. As to the by-product of malaria, I cannot exactly understand what that would mean. In malarial hematuria we have engorgement of the alimentary and urinary organs. The functions of the kidneys, the functions of the skin, and the functions of the blood, and of the liver are disturbed, and at last we have that broken-down condition of the red corpuscles characteristic of this condition. The skin, kidneys, and liver are entirely engorged.

We speak about the treatment of these by-products. The author said these things were a by-product of malaria, consequently the exhibition of quinine would have no effect upon them. The proper treatment would perhaps be indicated by considering it an over-accumulation of some product caused by the clogging of the secretions of the organism. This would be more satisfactory to me than to say it was a by-product. However, there is no use in giving anything to check the malaria unless we have the eliminative organs acting; and we must stimulate action of the eliminative organs before we can hope for any satisfactory results with our anti-malarial remedies. I have practiced in the bottoms and have had to deal with the "products" of malaria, and I have never been able to do any good where you have that bloody condition of the urine due to black water fever. To those patients I have given heroic doses of quinine and it did no good. I have taken the advice of Dr. Bemiss, of New Orleans, who said, "Give them quinine." I said, "What else do you do?" He replied, "Give more quinine." I have poured it into them by the ounce (and by the barrel, it looked like), and I have seen them die just as promptly, full of quinine. The quinine had no effect upon them. I think it was due to the fact of want of action on the part of the eliminative organs. They were completely waterlogged at that time and were unable to act. I have always thought that if we would give a large injection of normal salt solution into the cellular tissues, it would be one of the finest remedies we have to excite the circulation, stimulate the urinary apparatus, and excite the skin; but I have never had the opportunity of trying it. I would be glad if some of the gentlemen who have had experience in such things would give us the benefit of their experience.

Dr. D. C. Walt, Little Rock: I think that a cardinal point has not been mentioned. Of course, I am aware that too much stress cannot be laid on elimination, but I am reminded that we have one organ that possibly has been neglected, and that is the skin. It is an organ that does a great deal of fine eliminative work. An organ that carries off everything that is unloaded upon it, and one that is entitled to some attention at our hands, and its neglect brings us very near the danger line when in that condition. It is a complicated subject, but for years I have felt that I was competent to judge when a man was approaching the danger line in that condition. In malarial hematuria I could tell within ten or fifteen hours. I impressed the people of the section in which I lived to the same effect, and when I met a man on the road and told him he was on the border line of malarial hematuria, he usually took the hint, and began treatment. It is a preventable condition. It is from neglect alone that we have failed to prevent it. In the vicinity where I practiced for fifteen or twenty years, I think, in the last ten years, I have had an average of a case every two years.

Now, in regard to the skin, I think we have neglected its functions. I know of no more potent factor for promoting its action than a bath-tub filled with water of a temperature that will make the patient comfortable. I have seen patients go to sleep in the tub and sleep there for five or six hours. I have kept them in the tub from twelve to fourteen hours before taking them out. I have taken them when they were so weak that their stomachs had ceased to act, and any attempt to eat would set them vomiting. They could retain no medicine. I have seen them drop off to sleep as if from an opiate.

Now, another point I think we should lay stress on is conserving the nerve power. It is on a strike for the want of proper pay. It should be carefully watched.

I should regret very much for a patient of mine to take a dose of quinine. I have never seen it do a particle of good. I have seen my patients die in a few minutes, you might say, from chloral hydrate. It is a simple deduction. It is that there is too much to unload. Now, to my mind the ideal treatment at the time of the attack, is to stimulate eliminative organs and hold up the nerve power, and not be in too big a hurry about nutrition.

As to the choice of eliminants, that depends upon the discretion of the doctor and the individuality of the patient. Hyposulphite of soda is very simple and mild and has very fine eliminative properties. It will eliminate through the bowels and through the skin and build up the nerve power of the patient.

Dr. Vernon McCammon, Arkansas City: I have had eight cases of this trouble—malarial hematuria. I agree with the gentlemen who have preceded me, especially with Dr. Waldrop. I believe that elimination is the principal indication, especially when the kidneys are engorged and the liver and all the emunctories more or less clogged. It is essential that the liver be stimulated, as it is generally loaded, and no doubt gives rise to the jaundice. I have made it a practice to give heavy doses of calomel and hyposulphite of soda, and Epsom salts if the stomach will retain it.

Of eight cases, six are, so far as I know, alive today; two of them died. One of the cases that died, I never saw until the second day of his illness and he died in two or three hours after I saw him. I had no opportunity to institute an eliminative treatment. The other man who died had been having periodical chills every other day for three weeks. The hematuria came on the second day after a chill and I was called in. I had been hearing a great deal about not giving quinine in this trouble, so in this case I thought I would not give it. It had been my custom to establish elimination and then give quinine sulphate in large doses. I established early elimination in this case, but did not give any quinine. I left word that I would be back the following morning. Next morning, just a little earlier than the time of the first chill he had another hard chill and was dying when I arrived half an hour after the second attack came on. That was the second case in which I had not used quinine; on the other hand the six treated with quinine are alive. I want to say that I don't believe there is any special harm in giving quinine after you get elimination thoroughly established. I may have been wrong in giving quinine; but, on account of my past experience, if I were called to see a case tomorrow, I could hardly refrain from giving it.

Dr. J. M. Young, Little Rock: I heartily indorse the views expressed by Dr. Waldrop and I agree with him in the treatment proposed. I have had considerable experience with this disease since my residence in and near Little Rock. My experience has been that when I have administered quinine in this condition, the mortality has been increased, and in those cases in which it was not used, the results have been better.

Dr. Hoyle, Warren: This question under discussion is a very interesting one and certainly of the greatest importance to both doctor and people.

The one question that always confronts me is, "What is the diagnosis?" I have not seen the mild cases as have some of the gentlemen who have spoken. We should not forget that all hemorrhages from the kidneys are not of malarial origin, and there is the possibility of treating a nonmalarial hemorrhage with large doses of quinine. The discussion shows a wide variation in treatment, especially with regard to the use of quinine. A few years ago the journals were filled with a discussion of the use and nonuse of quinine in this condition, and it seemed very positive and reasonable claims were made by both sides. From my viewpoint, the question of the administration of quinine is easy. If the eliminative organs are in active condition, quinine will do good when administered, and I do not hesitate to use it. But if the emunctories are clogged, I would not advise its use. Give calomel early and in sufficient doses to unload the portal system and clear out the kidneys, and follow with hypodermic injections of bimuriate of quinine. Many physicians have condemned quinine because it was used improperly and therefore bad results ensued.

Dr. Henry Thibault, Scott: Physicians certainly belong to a peculiar class of people. They approach the discussion of a subject about which none of them know anything with the dogmatism of assertion that is peculiar to them only. They have the absolute assurance of always capturing the right idea. We have heard an absolute assertion made as to the etiology of this disease under discussion; also absolute assertions as to cause and site of the hemorrhage; absolute assertions as to the best methods of treatment.

There are two physicians in my neighborhood who have very decided opinions and convictions about the treatment of this disease. One says, "Give quinine and you will never lose a case." The other equally as positive says, "Don't give quinine if you would cure your patient." One summer these two doctors had about twenty cases equally divided between themselves. Each accused the other of using the wrong treatment. All their cases got well. The next summer they each had about the same number of cases and 99 per cent of them died. Now, I observed this: The doctor who was most dogmatic about the absolutely curative properties of quinine lost as many cases as the other doctor who cured all his cases without it. I also had an opportunity of observing in the practice of another physician, who gave no medicine at all, more intelligent than either of the two just mentioned, that his results were just as satisfactory as the therapeutic dogmatist's.

Now, gentlemen, we ought to stick to facts when we make statements about something about which we know little or nothing. This is a disease about which we are very ignorant, and I think we should approach a study of it with humility rather than rise here on this floor and say how many patients we have cured, and all that sort of thing, when as a matter of fact, I doubt if we cure any. They get well in spite of our treatment.

Dr. R. L. Saxon, Holly Grove: I think a discussion of this disease is very important and beneficial to us all. There are some cases that get well under the administration of quinine and there are others that do not fare so well. In my opinion, if there are active plasmodia in the blood, quinine ought to be indicated and its use ought to do good. But if a preëxistent toxemia has destroyed the plasmodium, and the present condition is one of toxemia, not at all improbable, then quinine would be contraindicated.



cated for its specific action. The physician who uses quinine in all his cases will not save any more cases than the physician who does not use it in any of his cases, and vice versa.

Dr. W. C. Dunaway, Little Rock: After listening to the reading of the paper by Dr. Waldrop, and the animated discussion which has followed, I am sure that I should be afraid to have malaria at all. If I had malaria I should be afraid to send for a physician. I should be afraid to take quinine and I should be afraid not to take it.

Dr. Waldrop: I am very glad indeed that my paper provoked such an interesting discussion, and I wish to thank each of you who contributed to this interest. I did not claim any specific properties for hyposulphite of soda, but mentioned it as being the drug which had given me the most satisfactory results. I claim that its good action is based on its eliminative properties.

The Chairman: Did you not say that you considered the hyposulphite of soda one of the specifics in the treatment of malarial hemoglobinuria?

Dr. Waldrop: I claimed no specific virtues for the hyposulphite. Some who discussed the paper may have made such claims. The paper will be printed in the Journal.

As to the "by-products." In this condition the liver produces toxins as a result of engorgement due to the condition brought about by malarial infection, and these toxins are by-products. And again, by-products would result from the hemolysis that every one knows occurs in this disease.

It should be perfectly clear to all that the treatment proposed in my paper is one of elimination--elimination by and through all the routes, bowels, kidneys, and skin. This can be accomplished by purgatives, diuretics, and diaphoretics.

I do see much advantage that hypodermoclysis has over enteroclysis, for the difference in the rate of absorption is too small to be considered. The only difference between the suggestion of Dr. Walt's treatment and mine is that he puts water on the outside of his patient by submerging in a bath tub, and I put water on the inside by enteroclysis.

In conclusion I wish again to insist on and emphasize the point I made in the outset, that elimination is the rational treatment, and the malarial plasmodium should be forgotten in the treatment of complications that may have been caused by its previous action.

#### PUERPERAL INFECTION.\*

By G. A. Warren, M. D., Black Rock.

This malady is the bane of all, or nearly all, child-bearing women, and rightfully so; for statistics tell us that from 12 per cent to 14 per cent of deaths among women between the ages of 18 and 45 is from this malady. This trouble has existed as far back as civilization dates and probably existed with the prehistoric races; and it looks as though it will continue to exist as long as the world stands, or at least as long as children are

born. Hippocrates mentions the fever following travail, and other ancient writers refer to it as a malady much to be dreaded; and today with all the improvements of aseptic and antiseptic surgery, and with the light thrown on the causative factors by microscopy, we have made little improvement in this line of surgery. The death rate is just as great as it has ever been so far as statistics can be trusted. The English government has recently appointed a commission to investigate this trouble with a view of trying to legislate some amelioration of it. The French government did the same a few years earlier, and their conclusions are that the trouble has not grown less save in hospitals where the strictest precautions are enforced.

Just here it might be interesting to state that the theory of wound infection had its origin from this branch of the profession. At one time (1774 to 1810) it was thought to be a contagious trouble and was so taught by some obstetricians, so we can see why that was believed. As early as 1843 Oliver Wendell Holmes, of this country, advocated infection from external sources, such as the hands of the physician, or nurse, or some instrument, and Semmelweis, of Vienna, advocated the same theory about the same time or a few years later; but neither science nor the medical profession was ready to accept it, and it remained for such scientists as Pasteur, Lister, and others, to prove the theory by experiments on animals. Then the scientific accoucheur realized the importance of his being careful, but the rank and file of obstetricians and midwives have never realized the importance of asepticism to this good day, and while they, or some at least, pretend to practice asepticism, they had about as well discard the whole theory and use no precautions. They will partially or perhaps thoroughly cleanse the hands, then handle some article of furniture, instrument, bedclothes, or the woman's clothes or integument, and thus carry infection to the womb. Even under the most thorough cleansing the hands are still not aseptic about the nails and crevices of the skin, and if they were, the moment they touch the external genitals of the patient they are reinfected, and these parts cannot be made aseptic within the time that the obstetrician, midwife, or even trained nurse that may be employed, has to devote to this procedure after reaching the patient. We should pause and consider what can we do or what can the State or Nation do to better the conditions and render the trouble less frequent and therefore less fatal. If any living man should hesitate to help us advance better conditions he ought to be accursed now and forever, here and hereafter.

If a physician is treating any septic or infectious trouble he ought not to deliver a woman till he has changed clothes or put on an outside covering and thoroughly cleansed his person so far as is possible; and besides he should have rubber

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gloves in preparation ready for use and then examine the woman as little as possible. This practice of frequent vaginal examinations cannot be too strongly condemned. Use every precaution to determine the presentation without vaginal examinations, but if you do make them let them be as few as possible. Do not examine the womb or cervix after delivery nor attempt to repair a cervical laceration, but do not neglect to repair all perineal tears, and do so at once. The practice of antiseptic douches is bad any time before or after delivery, even after infection is well established. The experiments made at the lying-in hospital in Vienna and Baltimore ought to be convincing. Two thousand two hundred and eighty cases (in Vienna) were douched alternately—that is one-half were douched and one-half were not douched—after delivery, and there were about 9 per cent more cases of infection among the cases douched than among the others. About the same percentage in Johns Hopkins Maternity Hospital. The vaginal secretions of a healthy woman are found to be absolutely sterile and are even slightly antiseptic, and experiments have shown that only the gonococcus is capable of existing in the normal vaginal secretions. Nature has arranged this matter and man had better let it alone. When the lochia starts up, or after the ordeal of childbirth, the conditions may be slightly changed, yet some scientists insist that the lochia is slightly antiseptic, but this can not be true in all cases. However, introduction of antiseptics into the vagina, womb, or both, does not help the trouble nor prevent infection. More women have been poisoned by bichloride douches than have been benefited by them. I do not advise against the use of normal saline or hot water douches, or even permanganate douches after infection is established. But if they are given at all, the liquid injected should be as hot as we dare use it, or as hot as can be used without destroying or burning the healthy tissues. The heat does more good than any chemical or drug we can apply. I am stating this from my own experience and observation, and from statistics of first-class hospitals where antiseptic douches have been tried experimentally. The cocci most commonly found are streptococci pyogenes, staphylococci, bacillus coli, gonococci, and others of similar nature, and none of these can survive much heat, yet those buried in the tissues could not be affected by douches. But I do want to advocate something that will do no harm, and may do good by washing out the contents of the uterus with its floating germs and probably destroy some superficial ones. This latter is questionable.

I hope I may be the cause of some one at least taking up this very important trouble and resolving to at least do no harm. If I succeed thus far only I shall have done good, but I believe I shall do more than that, and I hope I may be of some help in starting a movement to get our government to

set a standard of what shall be the qualifications of the midwife or obstetrician. This should not be done by the State, but by the general government, and the standard could not be too high.

This trouble stands second only to tuberculosis in its destruction of women during the child-bearing ages, and we know that a good per cent of women never bear any children, or have abortions or miscarriages, so the malady is still greater when limited to the child-bearing class. I want to say here, that the theory prevails among medical men and midwives, that this trouble is the result of carelessness or lack of cleanliness in the attendants, and so they attempt to cover up the true malady and call it malaria, typhoid fever, or even pneumonia, so general statistics are not to be trusted. This is the wrong teaching, and ought to be corrected as far as possible. Some women would become infected after every precaution is taken and neither the physician nor nurse is to blame for it. We should teach that the infection can be made less likely by strict aseptic precautions, and, as I said before, the standard can hardly be too high.

I shall not give you any specific, or sure cure treatment, for there is none. The various antitoxins and sera have been tried without the least success, and I leave you to treat conditions as they arise, looking well to the patient's wellbeing—neglecting any other case or class of cases for these. I believe that prophylactic treatment should be the practice for us to adopt, and we should carefully observe the following:

1. Maintain the strictest asepsis before, during, and after labor.
2. Restrict vaginal examinations to the narrowest limit possible.
3. Omit vaginal douches till after infection is established; then use cautiously, so they may do no harm.
4. Leave cervical lacerations till a later date, but repair, at once, all perineal lacerations.
5. Regard the genital canal of the puerperal woman as sacred, into which neither finger nor instrument should be introduced save in emergencies.

One other practice I wish to speak of before closing and that is the use of the curette. Should one be used at all it should be of the blunt variety and should be used to remove debris only, taking precautions not to wound sound tissues.

After you have infection, look after the perineal sutures, if there be any, and should they be infected, remove them that free drainage may be established.

#### DISCUSSION.

Dr. W. A. Snodgrass, Little Rock: I wish to commend Dr. Warren for his able paper. Dr. Warren doesn't criticize us quite enough in regard to carrying infection from one patient to another. It should be the duty of every surgeon and every physician to learn how to protect himself from infection; then only can he protect others. The old-



fashioned practice of examining a patient with your coat and cuffs on, without washing your hands, and going to the next house and examining another in a similar way, should be condemned. Every physician who examines a patient after parturition, or on any other occasion for that matter, should observe the same antiseptic precautions as if he were going to perform an operation. If labor is far advanced, and you haven't time to cleanse the woman properly, you had better let things alone until you can cleanse yourself. Cleanse yourself first, then look after the patient.

Dr. M. C. Hughey, Knobel: Dr. Warren's paper is a good one, and he is probably honest in his convictions, but my experience has been entirely different. I invariably practice giving hot douches after delivering my patient, and where I have a nurse, or any one who can be made to understand anything about asepsis, I have my patient douched once a day for two or three days, and I can say that my success in this line has been greater than that of almost any other line of practice that I have had. It seems to me that it is just as reasonable, and as necessary, to douche an infected uterine cavity and wash it out, as it would be in any other part of the body. If you find a pus sac, you wash it out and drain it, and I cannot understand why it is not as necessary in this instance as it is in other conditions.

Dr. Adam Guthrie, Prescott: I have nothing but commendation for Dr. Warren's paper. Fifteen years ago I said that I expected to live to see the day when douching a puerperal woman would be sufficient cause for malpractice. I suffered in mind then, and almost in the flesh. Eight years ago I repeated it in a scientific body, and I suffered again. I believe, however, that my remarks are going to be vindicated. I believe it will be but a very short time until it will be sufficient cause for malpractice for a physician, who has delivered a woman, in entirely good health, of a child, to undertake to give hot douches. The secretions of the parts are antiseptic. The source of infection is either from within or from without. If from within, most likely specific. Infection from without is usually carried by physician, nurse, or patient.

I want to bring out one point that I haven't heard mentioned. I believe more than half of our cases of puerperal infection can be traced to an incomplete emptying of the uterus and vagina. I mean by this not being emptied properly. I never allow a puerperal patient of mine to lie upon her back and use a bed pan. I advise the nurse or the attendants to raise her upright and sit her on a chamber in bed. I have explained the procedure in every case of labor that I have had in the last ten years how, if a woman would sit in an upright position, the tendency of gravity would be for the detritus naturally to drop out and the natural secretions of the parts will be sufficient to take care of what remains. I do desire to bring out this point and emphasize its value. I am not going to make an assertion here about the number of cases that I have had or have not had. I will state, however, that I have not had a case of infection in my own practice in obstetrical work except what I could trace to specific infection that preceded the labor, in more than ten years.

Now, there were four cases that I had that might have been malaria. I did not make an examination with the microscope for malaria, but the cases all yielded inside of the ninth day to quinine. So, there were four cases that I kept in my case book that I am in doubt about.

Dr. J. T. Clegg, Siloam Springs: I want to indorse the paper and the ideas set forth by the essayist. In regard to vaginal douches of any kind in normal labor, I haven't permitted them to be used for ten years or more. As the last speaker said, the natural secretions of the uterus and vagina are sufficiently antiseptic.

One of the severest cases of infection I have ever seen developed three weeks after the birth of the child. I am sure the doctor was as careful as one could be. So, it is not the fault of the accoucheur to have infection in his cases. As to vaginal douching after infection has taken place, I fully agree with him as to giving bichloride of mercury and normal salt solution. It is impossible to cleanse the parts by any kind of douching. If I was going to use an antiseptic at all, I certainly would use iodine. It is perfectly harmless to the tissues, and is certainly the strongest of the specific antiseptics used for puerperal infection. I believe normal salt solution, boracic acid solution, or any of the milder and uncertain antiseptic solutions, diffuse the infecting organisms. So, if we are tempted to use an antiseptic solution of any kind, let it be something that is destructive to the germ and at the same time not destructive to the tissues of the patient.

Dr. H. C. Dunavant, Osceola: I want to say, with due regard for the opinions expressed by the gentleman, in regard to vaginal douching, that I am going to continue to use douches whenever I have a woman delivered of a dead, rotten baby, or in any other condition which justifies their use.

Chairman Meriwether: Reference was only made to douches in normal labor.

Dr. Dunavant: I did not so understand the statement. I disagree with Dr. Warren on one point. He said let the os alone. I have had two or three cases in which the os was torn, hemorrhage following, and I could not control the hemorrhage until I had taken stitches in the os. In that way I stopped the hemorrhage and got good results.

Dr. A. J. Vance, Harrison: Puerperal infection is largely preventable. It is true that there is such a thing as autoinfection. We should begin long in advance of labor to make stated examinations of the urine, look for swelling of the hands and feet, and evidences of toxemia. Lacerations should be repaired, and if the physician is aseptic in his technique, there will be very few cases of puerperal infection.

The curette has been condemned by some gentlemen. The object of the curette is to remove all dead material and not to remove healthy epithelium or uterine tissues. Reinfection may follow a curettage which makes raw surfaces, but if properly done, is of service.

Recently I have been using izar, a drug highly commended by A. K. Martin. It is used in the minor complications before or after curettage.

Dr. R. B. Christian, Little Rock: I wish to commend the doctor's paper most heartily, because it is a good one. He has presented some common-sense views. It is meddling midwifery and officiousness that is more responsible for infection than anything else. If we keep ourselves clean, keep the patient clean, keep the nurse clean, and use certain prophylactic measures, we would have a great deal less of infection, and of course have no use for vaginal douches. They are not necessary. I am opposed to their use, and I am glad the essayist is opposed to them.

Dr. S. E. Thompson, El Dorado: There is just one point I wish to call attention to which seems to be a wise precaution sometimes in puerperal infection. I refer to a flaccid condition of the uterus in which there is retention of the lochia or remnants of the secundines. In such cases it seems to me that the administration of ergot produces contraction followed by good results.

Dr. Warren, closing the discussion, referred to two of his cases that were infected with the erysipelatous germ, one case dying. He desired to make it clear that he favored douches after infection, but not before. As forty-two cases of bichloride poisoning have been reported, he believed douches of this salt were dangerous. Quinine received his warm commendation as being almost a specific. He spoke of the great danger of infection of the colon bacillus, and could easily understand how, on account of anatomical relations of the structures, contamination might take place. The colon bacillus is always present in these regions, and as infection from it is most grave, the greatest precautions should be used in giving douches. Dr. Warren differed from Dr. Vance in the use of the curette, and only advised its use when it was necessary to remove masses of debris. As to the use of ergot advanced by Dr. Thompson, he saw no reason why it should not do good.

#### THE IMPORTANCE OF EXAMINING THE EYES AND EARS OF SCHOOL CHILDREN.\*

By R. H. T. Mann, M. D., Texarkana.

The examinations recommended in this paper are of a superficial character and intended solely for the use of teachers and others whose knowledge of the eye and ear is very limited.

It would no doubt be much better if every child entering school for the first time could have a thorough examination, not only of the eyes and ears but of the entire body as well, by honest, competent examiners. This, however, is not at all feasible in a commonwealth like ours, composed of no large cities, but where inhabitants reside in extensive, sparsely settled rural districts. It is possible however, for teachers to be taught in a short time how to make these examinations in such a way as to discover certain defects, and it so happens that those defects which can be easily discovered by teachers are the very ones which, if not corrected, are attended by the most disastrous results. This examination will also be of great value to the teacher in seating the various pupils. Those with defective vision should be placed nearest the blackboard and also in that part of the room where there is the best light. Those with defective hearing should be placed nearest the teacher, so that the voice will have to be elevated as little as possible for them to understand what is being said.

Examinations should be made at least once a year and whenever visual or aural defects are discovered in any of the pupils they should be sent at once to some one competent to correct such defects. If the child's eyes are red and inflamed, he should be excluded from school until he presents a physician's certificate that the eyes are free from inflammation.

In testing the vision the child should be placed in a well-lighted room with a Snellen test card hanging on the wall twenty feet away. One eye at a time should be tested. If the line marked "20" can be read with each eye, then the vision is normal. This simple visual test will not reveal latent hypermetropia, the most frequent of all ocular defects. It is also the most productive cause of all nervous disorders which are the results of eye-strain. It is quite evident, therefore, that in pupils who complain of headache, pain in the eyes after excessive use, an examination by an oculist is very necessary.

Defects due to high degrees of hypermetropia (far-sightedness) or myopia (near-sightedness), will be discovered by this method, and it is myopia which is most destructive to an eye. Myopia is produced alone by the excessive use of the eyes for near work in poorly lighted rooms. It is a product of civilization, existing only in civilized races, where the eyes are used excessively for near work. It occurs most frequently in childhood from this excessive use, and if not properly treated progresses usually until the twenty-fifth year. Myopia is more than a visual defect. It is a disease of the eye as well, and unless checked by suitable treatment has a most baneful influence on eyes. It is more prevalent among certain races than others. It is very common among the Jews, and some authorities claim that more than 60 per cent of Germans who use their eyes for near work, are sufferers from myopia. I have just stated that it is more than a visual defect. In careful examinations made of myopic eyes, it has been found that choroiditis existed in more than 80 per cent of the cases.

Children are often overtaxed in insufficiently lighted and poorly ventilated rooms, with near work during the years when they should spend a large part of their time out in the open air and taking exercise sufficient to give them a strong constitution. The physical exercise department in many of our schools has been sadly neglected. Those who reside in the towns should, as far as possible, be sent to the country during vacations.

The schoolroom should be properly lighted. There should be at least one square foot of glass for every five square feet of floor space and more if possible, with no buildings near enough to obstruct the light or in any way darken the room. Night work should be very limited or not allowed at all. Where it is allowed there should be a good light

\*Read in the Section on Practice at the thirty-second annual session of the Arkansas Medical Society, held at Little Rock, May, 1908.



which throws the rays over the left shoulder on the print and does not shine on the eyes. Electric light, unless properly shaded, is not in any sense suitable for study, and a great many degenerative changes in eyes have been attributed to it. We often pervert the functions of nature and always to our detriment. Nature has supplied us with an abundance of daylight for all of our duties and yet we prefer to work by artificial light and then sleep when nature has supplied us with an abundance of good daylight for our work.

Where errors of refraction are found to exist, they should be corrected with properly adjusted glasses. In some, glasses will have to be worn constantly, in others temporarily. In many cases, however, rest and the proper care of the eyes will be all that is needed. I have often been surprised at the remarks of patients when told that glasses are not needed. They frequently say, "This is the first time in all my life I ever heard of a patient going to an oculist without glasses having been prescribed."

I always treat each individual case separately. I have heard of one oculist who acquired an unenviable reputation when the report gained circulation that he was fond of putting glasses on his patients.

The ears should be tested with an ordinary watch and if the child cannot hear it in each ear when twenty inches away, the ears should be examined and the trouble corrected, if possible. If the child is a mouth-breather, this fact also should be noted and corrected. Enlarged tonsils and adenoids will be found as the cause of most of these cases, and will, if not corrected by the proper surgical operation, greatly impair the mental and physical development as well as the hearing of the child. These operations, to give relief, must be correctly performed. They cannot be performed in a half-hearted way with the expectation of giving relief.

#### DISCUSSION.

Dr. C. C. Stephenson, Little Rock: I wish to thank Dr. Mann for his valuable paper and to call attention to the work of Dr. Frank Allport who has been trying for a number of years to get through the legislatures of the States just such a law as Dr. Mann has contended for in this paper. I heartily agree with everything he says. I am only going to speak of one feature in the author's essay. I have had some experience along the lines that he has indicated. Only recently there came into my office a case, going to school, suffering from a foul otorrhea which was allowed to continue in this condition under the delusion that if it were cured the child would have tuberculosis. This purulent discharge from the ear was of such a character that the school-teacher had to put this child on a seat by herself. None of the pupils were willing to sit by her because of the offensive odor of the discharge. Two weeks ago I anesthetized the child and made an incision from the tip of the mastoid to the top of the ear, cut down on the periosteum, retracted the parts and made preparation to do a mastoid operation. At the first stroke of the mallet

the chisel went through. There were no cells; only a necrosed condition of the bone covered by a thin shell. After curetting out all dead bone, establishing free drainage and packing the canal carefully, the child got well.

I believe that the ears of children should be examined and when conditions like that are found parents should be told exactly; but the difficulty in some instances is to get away from the idea that you are going to have tuberculosis following the cure, or operation for otorrhea.

Dr. H. Moulton, Fort Smith: There is quite a good deal of dissatisfaction when this procedure is proposed. One of the objections usually raised is that the teachers and the public are interfering with the private affairs of the family. Now, it is not the object to embarrass anyone in any way, nor to make business for the oculist or the doctor, or anything of that kind, but it is for the protection of the children. The exact recommendation of Dr. Allport is that this examination be made by a teacher. In some of the larger cities of the South the examination is now made by a physician, but through this objection on the part of the people to interference with their private affairs is created. If it is done by one of the teachers there is less of that objection. If a defect is found the teacher gives a note to the child to take home to its parents, in which they are advised to consult their family doctor. In the case of charity in a large city, to take it to the free dispensary. If they are not in position to consult a physician, the examination is provided for. Then that physician can take any course he sees fit. The object is not to make business for the doctor, oculist, or aurist. It has been found where this system has been put into practice, as it has been in Philadelphia and New York, and some of the many smaller cities, it has accomplished a great deal of good. Every community of any size would be benefited by it.

Dr. O. Howton, Osceola: I would like to ask the essayist a question for information. Did I understand you to say that there were a good many more cases of myopia than hypermetropia?

Dr. Mann: No, sir; I said that hypermetropia was more prevalent.

Dr. Howton: Just one more question. What degree of refractory errors would you allow in a child who desired admission to school? What is the visual criterion?

Dr. Mann: I should be certain that the vision was 20-20.

Dr. Howton: Is not that almost perfect vision?

Dr. Mann: Yes.

Dr. F. Vinsonhaler, Little Rock: I am very glad that this paper is before this body of medical men, especially the oculists, because they are the ones most interested. I am sorry it has not elicited more discussion from the regular physicians, those not engaged in special practice, because it is among them that the shaping of public opinion is done. They can succeed in interesting the public and changing the prevailing sentiment. They can succeed in catching the public mind, and are in better position to further definite action. The public is always apt to regard the efforts of the specialists as not entirely devoid of self-interest. This is a far-reaching question, and it has been presented in a very succinct, condensed form, and in such a way that it can be utilized in a practical manner by

every physician in his everyday practice throughout the entire State. I feel sure that we shall have beneficial results in the near future.

Dr. C. C. Browning, Los Angeles, Cal.: Because of the great importance that attaches to this subject, educators and physicians of Los Angeles have been working very energetically along this line. In order that it may be made practical and brought before the public and into the schools, a system of cards have been provided which are so arranged that the teacher's answers are given by underscoring certain words, thus reducing the labor to the minimum and securing uniformity in the examinations. These cards are submitted to the examining physician. The final report of teacher and physician, with recommendations, is submitted to the parents, and generally they follow the suggestions.

If it is possible to inaugurate a uniform system of examinations throughout the State, you will have taken a great step in advance. If at first it is possible to secure only permissible authority for inspection of the school children by the local physicians who can interest the school authorities and the laity along these particular lines, great good will have been accomplished.

We should impress upon the teacher to look out for the "mouth breathers." This is a symptom they can see. They may detect it when the parents do not. In this way we may not only be of great aid to the child, but by proper operative procedure remove certain avenues for the admission of disease-producing organisms into the body.

It has been found in the "Truant School," in Los Angeles, that frequently following removal of these growths a large number of these scholars have gone back to the regular school. Really, instead of a truant officer, what they needed was proper medical attention. They corrected efficiently their moral degeneracy by restoring to their normal functions the eye, ear, nose, and throat, which made it impossible for the child to keep up with the other children; made it stupid, morose, ill-natured, and cruel, but when restored, it became normal in disposition, affection, and intellect.

Dr. Mann: Some time ago a little boy, about twelve years of age, was referred to me, and some lady remarked that she could not see any use in sending an idiot to a physician for relief. That child in his community had been classed as an idiot. I found the little fellow deaf from adenoids and hypertrophied tonsils, and suffering with  $6\frac{1}{2}$  dioptres of hypermetropia. How could a child in that condition be classed as other than an idiot in the race of life with other children? I thank you, gentlemen.

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## THE PATHOLOGY OF BONE TUBERCULOSIS.\*

By J. P. Runyan, M. D., Little Rock.

In acute miliary tuberculosis the red marrow of the spongy as well as the diaphyses of the infantile bones are involved. The number of nodules are on an average not so numerous here as in the spleen. The tela ossea proper does not generally undergo any change.

In the chronic form of miliary tuberculosis, Ranvier has demonstrated that eruptions of tubercles frequently occur on the ribs, sternum, and vertebrae. The chronic process in these cases does not consist alone in a confluence of neighboring tubercles but also produces inflammatory changes in the surrounding marrow which frequently lead to rarification (osteoporosis) and to sequestration. From the study of these chronic localizations, the modern conception of tuberculosis of the osseous system has been evolved. The question whether caries and scrofula are tuberculosis processes has been variously answered and argued, based either on anatomical, clinical, or upon bacteriological doctrines. Caries does not represent a special disease. It is simply a localized destructive inflammatory process in bone which may be produced by various pathogenic agents. It is a frequent result of tuberculous disease of the bones. The so-called scrofula, was a cheesy and fungous osteitis and periosteitis. Tuberculosis of the bones may occur as a periosteitis and as a caseous and fungous osteitis. It may originate from hematogenous metastasis and may also arise from extension of the bones by continuity of adjoining tuberculous tissue. When due to invasion by the blood stream, it may occur in the form already described at the beginning as part of a general miliary tuberculosis, or it may start in the interior of the bone in the medullary substance. If due to direct extension from a neighboring focus, it involves the peritoneum first. Its spread is more rapid in the spongy than in the denser tissues. The joints are very prone to become invaded.

Practically the examination for the bacillus for the purpose of diagnosis is of little importance. The number of bacilli in known tubercular foci of bone are few. Examination of pus escaping from fistulous openings has been negative to more than 80 per cent of well established cases according to Watson Cheyne. Tubercular periosteitis always consists of a cheesy or fungous granulation tissue which overlies the bone and may become purulent.

In the other acute inflammations, the bone-forming function of the periosteum remains, generally, despite the inflammation, intact. In tuberculosis we find no new formation of bone in the diseased periosteum. Tubercular periosteitis generally pro-

\*Read in the Section on Surgery at the thirty-second annual session of the Arkansas Medical Society, held at Little Rock, May, 1908.



duces resorption of the subperiosteal layer. The destructive process in the periosteum extends to the adjoining marrow and becomes transformed into a peripheral osteomyelitis. In the other acute suppurative processes, there is rapid destruction of bone; in the tubercular process there is proliferation, the *tela ossea* does not undergo necrosis but becomes gradually rarified, lacunar erosion follows, and beneath the diseased periosteum we find not only denuded but also roughened bone. The orbital margin of the superior maxillary bone only, is frequently the seat of rapid peripheral necrosis with tuberculous pus.

Different conditions exist in tuberculosis of the alveolar processes of the maxillary bones. Here we have to deal with primary tubercles of the mucous membrane which extend to the periosteum, bring about its rapid destruction, and expose a healthy bone.

The favorite location of primary tubercular periosteitis is the ribs, next as rarer seats, the phalanges of the fingers and toes, and on the diaphyses of bones which are only covered by skin, such as the inner aspect of the tibia, ulna, and clavicle. Primary tubercular periosteitis occurs also in the bones of the cranial vault, commencing in the external periosteal layers of the dura as single or multiple circumscribed granulation tumors which eventually lead to thinning and perforation of the bone. Tubercular periosteitis in all other parts of the skeleton are mostly secondary to primary inflammations of the bone.

In the localized tubercular diseases of the bone proper, we have to deal, in the majority of cases, with an osteomyelitis of the spongy portions of the short and flat bones and the epiphyseal ends of long bones and the diaphyses of the short and hollow bones of the hands and feet. In the other acute suppurative osteomyelitises, such as of staphylococci, streptococci, typhoid, colon bacillus, and gonococci origin, the diaphyses of the long bones are the favorite locations for the infection.

The disease in the bone proper begins with milary tubercles which can be demonstrated in the marrow or in the newly formed granulation tissue. This may extend in all directions and become confluent. By extending along the lymph channels, they involve the Haversian canals, the compact as well as spongy structures. The complications produced vary. At times the hyperemia and inflammatory reaction stimulate the osteoclasts and lead to the resorption of the bone, producing lacunar erosion. At other times the coagulation necrosis which has taken place in the nodules, bring about caries. Formation of tubercles in the Haversian canals, may lead to the occlusion of blood vessels and produce areas of anemia corresponding to the distribution of the vessels involved, and the bone consequently undergoes necrosis. Carious and necrotic processes increase the size of the spaces in

the bones and we may have granulation tissue, multiplication of tubercles, cheesy degeneration, development of fibrous tissue, etc.

The destructive process leads to the formation of a mass of necrotic material, which, when external to the bone or escaping through a fistulous opening, infiltrates and spreads in the soft parts and forms the cold abscess. The materials which form the abscess possess but little irritative power; at least they do not stimulate any inflammatory reaction in the tissues but generally gravitate along the sheaths of the muscles and tendons and may come to the surface at remote parts of the body, the best example of which is the psoas abscess of spinal tuberculosis, or Pott's disease.

The erosion of the compact and spongy tissues of the bone, with the openings which sooner or later connect the interior of its marrow cavity with the exterior, cause considerable deformity, and also additional deformity in the form of thickening and porosity is brought about by the changes in the adjoining periosteum. The erosion and perforation of the bone are analogous to the formation of cavities in the lungs. As we have stated before, the actually diseased periosteum does not form any new bone but the periosteum adjoining the invaded tissues, is stimulated and undergoes more or less of an ossifying periosteitis with considerable formation of new bone, leading to thickening of bone and osteoporosis. This condition has been termed *spina ventosa* and is seen more typically in the phalanges of the fingers and toes.

Recovery after evacuation of the disease is frequent, the adjoining periosteum aiding in the replacement of the lost tissue. Recovery is always attended with more or less deformity. In the vertebræ the loss of substance is frequently followed by collapse and general deformity of the body, producing kyphosis, lordosis, etc.

Tuberculosis of the bones occurs in youth, frequently in childhood, and represents uncomplicated, one of the benign forms of the disease. Cheyne claims 69 per cent in the first twenty years. The susceptibility of the disease diminishes with the age of the individual. Huter's and Alferts' studies do not bear out the statement so frequently made that the bones, the seat of the most active growth, have a special predisposition for the infection. Huter claims that the second and third lumbar vertebræ develop the most rapidly and that the disease involves more frequently the first lumbar and eleventh and twelfth dorsal vertebræ. Alferts in his excellent table does not alone compare the frequency of tubercular diseases of the skeleton but also gives us the age for each bone involved. His figures place the highest number of cases between the ages of 15 and 20, and for tuberculosis of the vertebræ is highest the first five years with a gradual decline to the fortieth year, where the figures remain stationary.

Of great interest to us as surgeons is the question as to the influence of trauma upon the localization of tubercles in the bone.

Volkman in 680 well established cases, claims that 43 per cent were due to trauma. König claims that all traumatic tubercular processes are metastatic. He found at the necropsy of sixty-seven cases (including tuberculosis of the synovial membranes) due to trauma, only fourteen in which there were no tubercular lesions in other parts of the body. The clinically established fact that tuberculosis does not develop in a tubercular individual on parts of bone exposed to trauma, is explained in that the injured bone offers a favorable soil for the fixation of circulating bacilli and that it determines the localization of the metastasis.

Schuller inoculated guinea pigs with subcutaneous intraperitoneal and intravenous injections of pure cultures of tubercle bacilli and produced eleven days after the infection, traumatism of the knee and other joints. In nearly half of the animals so treated tuberculosis of the joint or a tubercular osteitis of the epiphysis developed. The strongest evidence of the metastatic embolic origin of many cases of osseous tuberculosis is found in the fact that the foci are frequently multiple, analogous to the multiple pyemic abscesses of an organ.

Pathologic and histologic examinations have established the fact that many caseous osteitises are cone-shaped and consequently due to arterial embolism. Müller studied this point experimentally. He injected the femoral artery of rabbits and of goats, the nutrient tibial artery with tuberculous pus and produced in the majority of animals experimented upon tubercular foci in the diaphyses and epiphyses presenting all the varieties that occur in man.

#### THE IMPORTANCE OF AN EARLY DIAGNOSIS AND TREATMENT IN ARTHRITIS DEFORMANS.\*

By Allen E. Cox, M. D., Helena.

About three years ago there came under my care a patient who had been bed-ridden for two years; she informed me that she had been treated for rheumatism by many physicians, had spent some weeks at Hot Springs, Arkansas, and some months at Mud Lavia, Indiana, without receiving any benefit whatever, so far as she could tell, to use her own expression.

At the time I saw this patient it was not difficult to recognize the true nature of her malady, but bear in mind that it had been two years or more since she was first taken sick. The further history

and report of her case will be given a little later, as I wish to emphasize the great importance of an early diagnosis and a resort to a proper and effective treatment before organic changes have taken place in the joint structures. This malady may not be curable in the ordinary sense of the term, but its progress we know can be arrested, and its ravages to the anatomical structures of the joints can be limited, thereby accomplishing a great deal so far as the future integrity of the joints is concerned. This paper then is rather in the nature of an appeal for careful consideration of all cases which come under our care presenting symptoms of rheumatism, periostitis, gout, or arthritis of any form.

The early recognition of rheumatoid arthritis is not always easy, in fact, it is very difficult or impossible to distinguish from chronic rheumatism, but the advanced stages are not hard to recognize.

"The acute form is frequently confounded with acute articular rheumatism, from which it is to be discriminated by the special etiological factors, the less severe pain, the less marked redness, the slight tendency to migrate from joint to joint, the slight febrile disturbance, and by the practical freedom from cardiac complications" (Anders).

That a nervous element enters into the causation of this malady is believed to be true and the history of the case which I will presently offer seems, in a measure, to bear out this claim. The clinical course of arthritis deformans is familiar to us all. It begins insidiously, involving, as a rule, the larger joints. The smaller joints are more rarely affected. This malady has a progressive tendency until it reaches a certain degree when it remains stationary or the condition may even improve some. Complete ankylosis rarely occurs even though the articulating surfaces are badly deformed; a false joint, as it were, arises and some motion is possible, though it be often in the wrong direction.

Skiagraphs of the joint structures in the advanced stages of this malady are characteristic, revealing decalcification of the bones of the joint with erosion of some of the joint surfaces, and an exudate into the joint spaces.

A diagnosis made, the rather difficult problem of treatment next confronts us. That each case requires special and individual consideration is not to be questioned and what does one case most good may not succeed in the next case. Recently, albuminous putrefaction in the intestinal tract, is held to be accountable for the metabolic form of the trouble, and Andrews and Hoke, of Atlanta, have reported cases bearing out this idea, one of which, in brief, is as follows:

The patient, a woman, age 24, had had chronic deforming arthritis for nine years. She was bed-ridden, and unable to turn herself without assistance. Emaciation was extreme. The spine from the occiput to the sacrum, the elbows, the wrists, the hands, the hips, knees, and ankles were

\*Read in the Section on Practice at the thirty-second annual session of the Arkansas Medical Society, held at Little Rock, May, 1908.



involved. The case presented bone absorption, bone hypertrophy, flexion and extension deformities, periarticular and peritendinous, fibrous tissue, spindle-shaped swellings. All the subjective symptoms and the temperature and soft tissue swelling disappeared under a fermented milk diet.

Four additional cases are reported with results so far obtained more promising. The uniform improvement of symptoms, however varied they may have been, the unvarying disappearance of most all the soft tissue thickening around the joints when the patients have been put on a fermented milk diet, demonstrate beyond a shadow of a doubt that fermented milk diet is par excellence the food for these patients.

Anders, Daland, and Pfahler, of Philadelphia, in a preliminary report speak of two cases treated with Roentgen ray with so decided improvement in each case that they sum up the following:

"We believe that this method of treatment is a valuable adjunct in the treatment of these chronic joint affections, but that it is advisable to use massage and passive motion in conjunction with the Roentgen rays. We believe that the rays stimulate and increase the metabolism within the joint, and that this should be taken advantage of, and the massage and passive motion added to assist in the removal of the exudate."

Bishop, in the *Journal of Advanced Therapeutics*, credits the disease to defective nutrition, too much use of starchy food, etc. He thinks that a properly-regulated diet and electricity, plenty of red meat, etc., are required. Illustrations of cases are given treated by electricity, which he claims increases the local nutritive functions of the joints, skin and muscles and also of the organs of excretion and secretion. The cases he reports seem to have been wonderfully benefited.

Bradford, in *American Medicine*, says: "Motion of the joints with protection from sprain improves their condition, improvement will result if contracted joints are straightened and placed in a condition in which moderate motion is possible. Measures to improve the circulation, such as heat, cold, and electricity are useful."

The case previously mentioned which I wish to report is Mrs. L. M. B., age 60. I saw her in the spring of 1904 first, and her case in brief is as follows: She is married, mother of two children who are living; had the diseases incident to childhood, including scarlet fever. Has never been sick until after receiving a nervous shock in December, 1901, which was followed by la grippe, and before she was quite well from this was taken with swelling in left wrist joint, which grew worse until the joint was considerably enlarged, hot, slightly red, and painful, with a limited motion. Other joints were similarly involved until nearly all of the larger joints became involved and some of her smaller

joints suffered but not to the extent of the larger. Changes of an organic nature had taken place, there being present swelling, with thickening of capsular ligaments, and infiltration into the periarticular tissues, with deformity, and osteophytes surrounding the bone margins. In short she was completely bed-ridden, and unable to turn herself without assistance. Her case at this stage was plain. I treated her with the usual approved measures, iodids, arsenic, strychnine, massage with passive motion; tepid and hot baths, flannel worn next to body, and nourished her with an easily digested and appropriate diet. I finally used the fermented milk diet as advised by Hoke but it was disappointing, perhaps due to not rigidly adhering to it. The Roentgen ray was also used. Patient has now been under my care about three years; she has improved some, her joints are not so large, deformity is less, and some of joints that were extensively involved are almost normal. She can walk, her digestion is good, she is fairly well nourished, she yet suffers some pain in her joints but on the whole is reasonably comfortable.

One or two features in the case I wish to further emphasize. First, the salutary effect of systematic massage with passive motion was apparent from the outset and with use of drugs enumerated above sent the patient decidedly on the road toward recovery. Second, the use of the Roentgen ray during the months of June, July, August, and September of last year was a valuable supplement to the other treatment. I used the ray twice a week. Time of exposure fifteen minutes at a distance of fourteen inches with a medium tube. The elbow and wrist joints of left arm were exposed for half dozen times, until the skin began to show evidences of irritation, when the exposures to these joints were suspended, and the joints of left knee and ankle exposed for half dozen times, and so on until all the larger joints involved were treated. This process was repeated for another half dozen times. The joints of the upper extremities seemed to react more favorably to the ray than those of the lower, probably due to more perfect penetration in the less dense joints.

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# THE JOURNAL

OF THE

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**MORGAN SMITH, M. D.**

Secretary Arkansas Medical Society

108 Louisiana Street, Little Rock, to whom all business communications should be addressed.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

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Change of address will be made if the old as well as the new address be given.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### THE NEAR MEETING OF THE STATE SOCIETY.

The thirty-third annual session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. One year ago the Jefferson County Medical Society cordially invited the Society to become its guest at this meeting, and without an opposing vote the invitation was accepted. Extensive preparations are being made to entertain the visitors in a manner not surpassed by any previous host. Every citizen of Pine Bluff is awakened to the importance of this meeting and feels a keen interest in its success. The duty of each member of the State Society is to attend this meeting and contribute to its success and interest. The Committee on Program is arranging a well-balanced program, and plenty of time has been set aside for the discussion of all papers presented. One feature which will characterize the meeting will be the smaller

number of papers and the opportunity for their free and full discussion, as compared with previous meetings. One or two distinguished guests will contribute papers, all other contributions being from the best men in the profession in the State.

Now, gentlemen of the Arkansas Medical Society, an appeal is made to you to be in attendance on the first day and remain throughout the entire proceedings. You owe this to the Society, and the Society demands and expects this of you. This appeal is made to the mud-bespattered doctor who has ridden knee deep in mud all winter and spring, and who needs to drop his scalpel and pill case for a short season of rest, as well as to the city doctor, whose clothes are redolent of gasoline. The springtime invites you to rest; your duty to yourself and your patients invites you to take a vacation before a long, hot summer comes upon you; your medical friends all over the State invite you to meet them at Pine Bluff and exchange your experience with theirs for the common good of doctor and patient. If you contemplate going, write the Secretary a letter at once, as it is desired to know in advance about the expected attendance.

### THE TURNER BILL PASSES THE SENATE.

The Turner Bill passed the Senate by a safe majority, and has been read twice in the House and referred to the Legislative Committee, from which it will doubtless be favorably reported. A very complete canvass of the House indicates that the bill will pass by a safe majority, and unless some opposition develops, not now looked for, Arkansas will soon take her place with other States which have sane medical laws.

Dr. Spillers, chairman of the Legislative Committee of the House, is genuinely committed to the bill, and his personal influence will be a strong factor in the passage of the measure. So far as we know there is no objection or opposition to the bill, and the Eclectics have given it their indorsement as embodying the recommendation made by



their State Association last year 'at Fort Smith. The only opposition to the bill came from a number of medical students attending the University of Arkansas, but they were appeased when it was shown them that they would have another opportunity of going before the Boards before the law would take effect. The battle is not yet won, for there are many things that could happen to defeat the bill. Lose no time in writing your representative to support the bill, and if you can spare a day, come to Little Rock and do personal work with your representative.

The bill, as passed by the Senate, is as follows:

A Bill Entitled An Act to Amend "An Act to Regulate the Practice of Medicine and Surgery, and Providing for the Appointment of Three Boards of State Medical Examiners, and Defining Their Duties," Approved February 17, 1903.

*Be it enacted by the General Assembly of the State of Arkansas:*

That Sections three, four, five, eight, ten, and sixteen of an act to regulate the practice of medicine and surgery, and providing for the appointment of three Boards of State Medical Examiners, and defining their duties, approved February 17, 1903, be amended and reenacted to read as follows:

Section 3. Within thirty days after their appointment the respective boards shall meet and organize by electing a President, Secretary and Treasurer of their respective boards.

The Treasurer of each of the said boards shall give bond in such amount as may be designated by the boards, conditioned for the faithful disbursement of all moneys coming into his hands as such Treasurer.

Each of the said boards shall have a common seal. The President and Secretary shall have the power to administer oaths for the purpose of this act, and the boards shall make and adopt all necessary rules, regulations and by-laws not inconsistent with the laws of this State or of the United States, whereby to perform the duties and to transact the business required under the provisions of this act. The members of the board shall, before entering upon the discharge of their duties, take the oath prescribed by the Constitution of the State for the State officers.

Sec. 4. The said boards shall hold two regular stated meetings per year, to-wit: The second Tuesdays in May and November, and

at such places as a majority may agree upon, consulting the convenience of the boards and applicants for examination and certificates.

Sec. 5. The boards shall be styled and known as the "Homeopathic State Medical Board," "The Eclectic State Medical Board," and "The State Medical Board of the Arkansas Medical Society." The Homeopathic State Medical Board shall examine all applicants *who have graduated* from Homeopathic medical schools; the Eclectic State Medical Board shall examine all applicants *who have graduated* from Eclectic Medical Schools; the State Medical Board of the Arkansas Medical Society shall examine all other applicants. The boards shall act separately and independently of each other, and wherever this act refers to and defines the duties of the board, it shall be construed as referring to their acting separately, as well as independently of each other.

Sec. 8. Every person residing in this State, or coming into it, of the age of twenty-one years, who has not heretofore been licensed to practice medicine under the existing laws, making application to register under the provisions of this act for the purpose of practicing medicine in this State, shall first make application to the Secretary of the board representing the school of medicine from which he graduated, and his application shall be accompanied by a fee of *fifteen* dollars, this fee being for examination and registration before the boards. The applicant shall present to the board satisfactory evidence of graduation from a reputable medical school, and a school shall be considered reputable within the meaning of this act whose entrance requirements and course of instruction are as high as those adopted by the better class of medical schools of the United States. Such examinations may be written or oral, and shall be of a practical character and conducted in the scientific branches only, and shall include Anatomy, Physiology, Medical Chemistry, Materia Medica, Therapeutics, Theory and Practice of Medicine, Pathology, Bacteriology, Surgery, Obstetrics, Gynecology, and Hygiene. All questions and answers, with grades attached, shall be preserved by the Secretary for one year. If, in the opinion of the Board, the applicant possesses the necessary qualifications, the board shall issue to him a certificate.

The boards may, at their discretion, arrange for reciprocity in license with the authorities of States and Territories having requirements equal to those established by the boards, and every person desiring license under reciprocity shall make application to the Secretary of the board representing the school of medicine from which he graduated. License may be

granted applicants for license under reciprocity on payment of twenty-five dollars.

The boards may refuse to grant, or may revoke, a license for the following causes, to-wit:

- (a) Chronic and persistent inebriety.
- (b) The practice of criminal abortion, either as principal or as abettor.
- (c) Conviction of the crime involving moral turpitude.
- (d) Publicly advertising special ability to treat or cure chronic and incurable diseases.

(e) The representation to the board of any license, certificate or diploma which was illegally or fraudulently obtained, or the practice of fraud or deception in passing the examination. In complaints for violating the provisions of this section, the accused person shall be furnished with a copy of the complaint and given a hearing before said board in person, or by attorney, and any person, after such refusing or revocation of license, who shall attempt or continue the practice of medicine, shall be subject to the penalties hereinabove described.

Sec. 10. That to prevent delay and inconvenience, any member of the board applied to, *provided that the board applied to represents the school of medicine from which the applicant graduated*, may grant a temporary permit to practice upon the payment of the fee required for applicants, and after a satisfactory examination; such permit shall not continue in force longer than the next regular stated meeting of the board, *and shall not be granted for a longer period than two months in advance of the next regular and stated meeting of the board.*

Sec. 16. That all laws and parts of laws contrary to and in conflict with any of the provisions of this act be, and the same are, hereby repealed, and this act shall take effect and be in force in ninety days after passage.

[Italics indicate the amendments.]

## SECTION OFFICERS.

*Section on Medicine.*—Dr. H. H. Niehuss, Chairman, Wesson; Dr. Olive Wilson, Secretary, Paragould.

*Section on Surgery.*—Dr. A. E. Sweatland, Chairman, Little Rock; Dr. F. B. Kirby, Secretary, Harrison.

*Section on Obstetrics and Gynecology.*—Dr. C. S. Pettus, Chairman, El Dorado; Dr. W. F. Smith, Secretary, Clarksville.

*Section on Pathology.*—Dr. O. K. Judd, Little Rock.

*Section on State Medicine and Public Hygiene.*—Dr. G. M. D. Cantrell, Chairman, Little Rock; Dr. M. Fink, Secretary, Helena.

*Section on Diseases of Children.*—Dr. J. R. Lynn, Chairman, Hazen; Dr. J. T. Tipton, Secretary, Mountain Home.

*Section on Dermatology and Syphilology.*—Dr. L. R. Ellis, Chairman, Hot Springs; Dr. John S. Wood, Secretary, Hot Springs.

## Current Medical Literature.

THE INFLUENCE OF ALCOHOL UPON THE PUBLIC HEALTH.—DR. FREDERICK PETERSON, in an address delivered before the New York State Conference of Charities and Correction, and published in the *New York Medical Journal*, December 26, 1908, among other things, speaks as follows:

"The discussion as to whether alcohol is ever a food is equally idle and evasive of the main issue. It is not a food like bread and butter, for it has venom in it. As Professor Abel, of Johns Hopkins University, says, 'it is an easily oxidizable *drug* with numerous untoward effects which inevitably appear when a certain minimum dose is exceeded.' I have italicized the word *drug*, because it is as a *drug* that alcohol is now regarded by most physicians. It is placed among the narcotics and anesthetics.

I should like here to present a very brief summary of what scientific investigators have recently determined to be the action of this *drug*:

It is no longer considered to be a stimulant, but rather a depressant.

It perverts digestion.

It depresses and weakens the heart action.

It decreases the capacity to do muscular work.

It diminishes the intellectual functions, by dulling the creative faculty, impairing judgment, vitiating the correctness of perceptions, and by generating timidity.

It brings about slow, far-reaching anatomical changes, such as fatty degeneration of



the heart, kidney disease, diseases of the blood vessels, changes in the muscular tissues and in the cells and fibers of the nervous system.

Its habitual use lessens the normal defenses of the organism against infectious diseases, especially tuberculosis.

In this connection I cannot do better than commend to your attention the extremely able article on Alcohol and the Individual, by Dr. Henry Smith Williams, in *McClure's Magazine* for October, in which all the best authorities are quoted *in extenso*. It is the most complete *résumé* of our scientific knowledge of the subject that has yet appeared.

"With such an array of fact and authority before you, you will readily understand the position of physicians on this subject, and why they are the leaders in the antialcoholic crusade. They can hardly be thought to be either fanatical or hysterical in their propaganda. You cannot question the honesty or disinterestedness of their motives. If, however, you find here and there some dissenting voice, that of some university professor perhaps, you may be sure that it is not that of a person with medical experience or any one familiar with the material which all may read, but rather the voice of some one perversely interested. You might well question whether such an one is simply seeking sensational exploitation of himself or whether he might not even be subsidized by the vast commercial interests at stake, for you must remember that the annual consumption of alcoholic drinks in the United States is over a billion gallons.

"The alcohol problem is so interwoven with our whole modern life, with politics, with industries, with government revenues, as a source of wealth, etc., that it affords matter for many-sided discussion. But here we are only concerned with public health, and it is from that standpoint that I present the subject to you. I believe that human evolution has now reached the stage when the abolition of the use of alcohol as a beverage is expected and required. Abstinence is one of the principles of human eugenics, that new science that is just being born.

"There is no one here present who would feed alcohol to his dogs, horses, sheep, or cattle. These possessions are too precious for that. He is too much interested in improving their breed. He would recall Professor Hodge's experiment with alcoholized dogs, in which among twenty-three pups born in four litters to one pair of alcoholized dogs, nine were born dead, eight were deformed, and only four apparently normal.

"Our best method of eradicating the alcoholic evil is that of a campaign of education. Every man, woman, and child should be made familiar in one way or another with what is known by the medical profession of the ravages of alcohol. The main facts in some brief form should be brought home to them. For instance, in Paris they put up a poster in every public hospital ward and on every prescription blank of their hospitals and dispensaries they print the following:

"ALCOHOLISM: ITS DANGERS.

"Alcoholism is the chronic poisoning which results from the habitual use of alcohol, even if not used to the extent of producing drunkenness. It is an error to say that alcohol is necessary to laborers occupied with fatiguing work, that it gives heart for work or renews their strength; the artificial excitement produced by it rapidly gives place to nervous depression and weakness. In reality alcohol has no actual use for anyone.

"The habit of drinking strong liquors leads rapidly to alcoholism; but the drinks called hygienic (in France) also contain alcohol, the difference being only in the dose. The man who drinks daily an immoderate quantity of wine, cider, or beer, becomes alcoholic also, as well as he who drinks the stronger liquors.

"The drinks labeled as aperitive (in France), such as absinthe, vermouth, and bitters, and the aromatic liquors are more pernicious because they contain, in addition to alcohol, essences which are themselves also violent poisons.

"The habit of drinking leads to family disaffection, the forgetting of all social obligations, disgust with work, pauperism, theft, and crime.

"This habit leads ultimately to the hospital, for alcoholism engenders the most various and destructive diseases—paralysis, insanity, disorders of the stomach and liver, dropsy. It is one of the most frequent causes of tuberculosis. Furthermore, it complicates and aggra-

vates acute diseases; typhoid fever, pneumonia, erysipelas, which run benignly in a sober man quickly kill the drinker.

"The faults of the parents fall upon their children. If these live beyond the first months, they are menaced with idiocy, epilepsy, or later fall victims to tuberculous meningitis or consumption.

"For the health of the individual, for the existence of the family, for the future of the country, alcoholism is one of the most terrible dangers.

"These statements of the French hospital posters could be made even more brief, as I have myself made them for use on my own prescription blanks, as follows:

"Alcohol is a poison.

"It is claimed by some that alcohol is a food. If so, it is a poisoned food.

"The daily regular use of alcohol, even in moderation, often leads to chronic alcoholism.

"One is poisoned less rapidly by the use of beer than by drinking wines, gin, whisky, and brandy.

"Alcohol is one of the most common causes of insanity, epilepsy, paralysis, diseases of the liver and stomach, dropsy, and tuberculosis.

"A father or mother who drinks poisons the children born to them, so that many die in infancy, while others grow up as idiots and epileptics.

"These rules go but a little way, to be sure, but if the 132,000 physicians in the United States could be induced to do likewise, they might help a little to persuade some of the 198,669 saloonkeepers, bartenders, brewers, malsters, distillers, and rectifiers in this country of the harmfulness of their trades.

"Somewhere in one of his books Maeterlinck observes that if the human race were to give up meat and alcohol there would no longer be hungry people.

"At any rate, a study of the twelfth census of the United States for 1900 is an interesting commentary upon Maeterlinck's suggestion. I find there among the "industry groups ranked by capital," after iron and steel and their products, the textiles, lumber and its manufacture, and paper and printing, that the industries of food and kindred products are capitalized at \$938,000,000.00, and those of liquors and beverages, \$534,000,000.00.

"It is easy to see that if the \$938,000,000.00 capital in the food industry can supply the greater part of the food necessary for our nation's use, the \$534,000,000.00 of capital worse than wasted on the industries of poisonous drinks might well feed all the hungry and still leave a handsome surplus."

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THE PREVENTION, BY OPERATION AND OTHER METHODS, OF RETROVERSION AFTER CHILD-BIRTH.—DR. EDWARD P. DAVIS, in the *Therapeutic Gazette*, December, 1908, says: "The immediate repair of lacerations is of great importance in preventing displacement of the uterus. As these cases often occur where an instrument or the hand has been introduced within the uterus, the operator's first duty is to avoid sepsis and hemorrhage. After the delivery of the placenta and its appendages, the uterus should be irrigated with lysol 1 per cent, brought into proper position, and thoroughly packed with iodoform 10 per cent sterile gauze. Strychnine and ergot should be given by hypodermic injection to secure good uterine contraction. With these safeguards against infection and postpartum hemorrhage, the operator may proceed to discover and repair lacerations.

"Especially likely to be followed by uterine displacement are lacerations of the cervix, extending to or beyond the vaginal junction into the fascias and connective tissue near the insertion of the uterosacral ligaments. These tears are not discovered without careful examination. In addition to digital search the cervix should be grasped by tenaculum forceps, drawn downward and strongly to one and then to the other side. By retracting the vaginal tissues, such deep and extensive tears can be located. They should be repaired with No. 2, ten- to twenty-day chromicized catgut, inserted by a fully curved needle, especial care being taken to bring together the tissues at the highest point in the tear. This is a matter of considerable difficulty, but of great importance. The upper half of the torn cervix may be brought together in a similar manner. As the tear extends along the pelvic floor toward the perineum, it should be closed with catgut, especial attention being given to the lateral



sulci. In very extensive tears it may be necessary to use two tiers of suture, the first of finer catgut to remain buried in the bottom of the wound. It is occasionally necessary to twist or ligate with fine catgut bleeding vessels in these deep lacerations.

"When the posterior segment of the pelvic floor has been closed, the operator may turn his attention to the anterior segment. This comprises the anterior vaginal wall and the tissues about the urethra. Laceration in this region is not infrequent, and if extensive is accompanied by hemorrhage and by considerable injury to the uterine supports. Such tears should be closed with catgut, care being taken to place a catheter in the bladder and urethra to avoid injury to the urethra, if tears in this vicinity are deep.

"When both segments of the pelvic floor have been repaired, the operator can proceed to close the perineum. If the laceration has extended into the bowel, especial care should be given to bring together the ends of the sphincter with buried stitches of fine catgut. The bowel should then be closed and the pelvic floor brought together as in other cases. To unite the perineum, stitches should begin at the lower border toward the anus, silkworm-gut being inserted, from below upward, until the perineal stitches meet those already placed in the pelvic floor.

"When the patient is in shock this operation may be postponed from twenty to twenty-four hours after labor.

"The effort to perform this operation properly will utterly fail if the patient is on a low, broad bed, if the light is poor, if the operator has not suitable assistance, and if he is not accustomed to surgical technique. A physician who cannot fulfill the necessary requirements should not attempt such repair. If hemorrhage is present he may tampon the uterus and vagina tightly with iodoform gauze, removing this in thirty-six hours and giving one copious irrigation of lysol 1 per cent. If the patient needs repair this must come in these cases as a secondary operation.

"Physicians do themselves great injustice in attempting obstetrical operations without proper facilities. If the physician does not care to improvise an operating table, the pa-

tient's bed may be raised upon blocks prepared during her pregnancy, and if a narrow bed be used the result is fairly satisfactory. Sufficient assistance should be summoned to difficult confinements to enable the attendant to operate under favorable circumstances, to his own satisfaction and greatly to the benefit of the patient. Those who practice obstetrics must acquire the necessary skill and facility if they are to do justice to themselves and their patients.

"The results of operations for the closure of lacerations in the tissues high in the vagina and about the cervix depend greatly upon the presence or absence of infection. Should this accident occur, only partial, if any, union will follow, and lacerated surfaces become suppurating wounds which must heal by granulation. In cases in which infection develops it is necessary to remove stitches, allowing the parts to open freely for drainage.

"In our experience infection has not developed as a result of the closure of these wounds in the manner described. In cases severely infected at the time of labor, or when found infected immediately after labor, we do not attempt to close lacerations, but treat the patient as an infected case. In the experience of myself and those who work with me cervical lacerations requiring suture have healed in 80 per cent of cases, in 10 per cent there has been partial union, and in 10 per cent failure of union. In no case has infection developed as the result of this operation. The results have been sufficiently good for us to follow this method of operating, both in hospital and private practice."

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PSYCHOTHERAPY AND RE-EDUCATION.—"This inward restless, worrying dissatisfaction that makes the masses seize on every new theory put forth in a way to entrap their unwary suggestibility can only be met by reëducation—a reëducation that will encourage people to be *themselves* and not bits of steel filings caught up by this magnet and that all the force of their being, identifying itself with the particular attraction of their own little magnet, making them regard every other type of magnet as a *substitute for truth*. But here

we are reminded, 'Physician, heal thyself.' We have the reputation of being very narrow-minded and jealous of innovation. We may shield ourselves with the virtue of the necessity of a wise conservatism, but let us reread the chapter in Bramwell, the one on the history of hypnotism, and recall the words of its reviewer in referring to the 'Scientific or "Professional Persecution"' to which Elliotson was subjected and of the later little known researches of Braid when he says, 'One would gladly let the moral tortures of the medical "Holy Office," as administered to Elliotson and in some degree Esdaile, fall into oblivion, were it not that the spirit which prompted them is still notoriously in existence.' Let us reread some of these chapters in medical history and see whether we have not a little something to do for ourselves in the matter of re-education, simply to be the exponents of a profession which, if at times it is not wholly guiltless of the accusation of a too-prejudiced conservatism, stands for the noblest art and science.

"We hear a great deal today of 'orthodox science' and 'orthodox religion,' etc. Orthodox science and orthodox religion will continue to go their way, each having many derogatory epithets for the other, each calling out to the other, 'Thus far shalt thou go and no farther;' but, like the monarch of old trying to command the waves of the sea, the orthodox scientist and the orthodox religionist, as well as the pseudo-scientists and the pseudo-religionists, will find themselves ignored by the transforming processes of the waves of evolution which know no man-made limitations to the steps leading to the goal of Truth, and we can only progress with these transforming processes of evolution by our own open-minded Self-Reëducation."—DR. EVELYN GARRIGUE, in *American Journal of Obstetrics and Diseases of Women and Children*, February, 1909.

**LOCATION FOR SALE.**—Good location in town of 1,000 population on the main line of railroad in southern Arkansas. Good residence property and drug store can be bought for \$2,000.00. Address, Journal of the Arkansas Medical Society.

**FOR SALE.**—Nice office and lot. Practice gratis to purchaser. Railroad town. Eastern Arkansas. Price, \$300.00. W. B. Beam, M. D., LaGrange, Ark.

**THE TREATMENT OF GENERAL PERITONITIS COMPLICATING APPENDICITIS.**—EISENDRATH, in *American Journal of Surgery*, December, 1908, digresses to consider a few points in relation to diagnosis, as follows: "The most valuable clinical evidences of the presence of peritonitis are rigidity and tenderness over the abdomen and increasing rapidity of the pulse rate. I now speak of diagnosis in the first seventy-two hours, when operative treatment can still be of avail. After that, every novice can make a diagnosis from the septic appearance, dry, beefy tongue, rapid, weak pulse, general abdominal distension, absolute constipation, and persistent, often fecal, vomiting. It is criminal to wait until such symptoms appear before making the diagnosis. If a patient who has shown the generally accepted initial signs of appendicitis begins to be rigid and tender to the touch all over the abdomen with a steady rise in the pulse rate, even without fever, leucocytosis, distension or vomiting, there is enough presumptive evidence upon which to base a verdict of general peritonitis. The presence of a rise in temperature and of a leucocytosis are such uncertain factors that their value is only collateral, i.e., if there is a leucocytosis and fever accompanied by general muscular rigidity and tenderness and increasing pulse rate, these two signs are of considerable value. In many cases, however, the number of leucocytes is either normal or a little above, owing to lack of resistance, and unless we interpret this in connection with the other signs we are apt to be led astray. The same is true of the temperature, which may or may not be higher than normal. The pulse rate is very rarely subject to such variation, although it is in a few cases surprisingly low in proportion to the degree of infection and exudate."

**PROPHYLAXIS OF CANCER.**—THEODORE A. MCGRAW, writing in the *Detroit Medical Journal*, December, 1908, on this subject, says:

"In summing up this matter, it seems to me that we may reasonably conclude that though in our ignorance of the fundamental cause of malignant degenerations we have no certain means of prevention, we may, never-



theless, hope to forestall its development, in many cases, by curing pathological conditions which act as exciting causes. The preponderance of evidence teaches us that surface cancers are largely due to injuries, chronic irritations, inflammations, and ulcers, which destroy the resisting power of the tissues and stimulate the development of cancer germs. The neglect of such troubles, therefore, especially in persons of middle and old age, may result in disaster. If we would prevent the malignant degenerations which follow closely upon such conditions, we must see to it that men and women, approaching middle life, are cured of such troubles. Uterine lacerations should be repaired, gall-stones removed, chronic gastric ulcers operated on, and chaps and indurations of the lower lip and ulcers in the mouth excised. In short, wherever a morbid spot shows itself on the skin or mucous surfaces, it should be made the subject of careful consideration and treatment. By so doing we may reasonably expect to prevent the development of cancerous troubles in such localities."

### District and County Societies.

CLEVELAND COUNTY.—The Cleveland County Medical Society met at Kingsland Friday, February 19. Those present were: Drs. Leali, Thorn, Hartsell, Johnson, Crump, and Underwood. Dr. William Breathwit, Councilor, Pine Bluff, was present in his official capacity.

The meeting was called to order by President Leali and the minutes of the last meeting were read and approved. The committee on the applications for membership of Dr. S. D. Hughes and Dr. Thad Henderson reported favorably, and a ballot resulted in their election to membership. The following officers were elected for the ensuing term: President, Charles Leali; Vice President, J. W. Thorn; Secretary-Treasurer, J. F. Crump; Delegate to the State Society, W. L. Hartsell; Alternate

Delegate, J. F. Crump. At the next meeting Dr. S. C. Johnson will conduct a "quiz" on the subject of "The Lymphatic System." The next meeting will be held at Rison in April.

J. F. CRUMP, Secretary.

MISSISSIPPI COUNTY.—At a regular meeting of the Mississippi County Medical Society, held at Osceola on March 9, the following officers were elected: President, S. A. Lowry, Luxora; Vice President, H. F. Crawford, Wilson; Secretary, O. Howton, Osceola; Delegate to the State Society, H. C. Dunavant, Osceola; Alternate, D. C. Joyner, Joyner.

The retiring officers made their customary annual reports, which were satisfactory to the Society. The President's report was ordered published in the Journal. The next meeting will be held at Luxora on April 13.

O. HOWTON, Secretary.

SALINE COUNTY.—The Saline County Medical Society met at Benton on March 1, with the following members present: Drs. Fisher, Prickett, Morris, Melton, Steed, Rowland, Phillips, and Gilbert. This being the day for the annual election of officers, the following were elected: President, J. M. Phillips, Benton; Vice President, J. W. Walton, Benton; Secretary, C. Prickett, Traskwood. Dr. C. J. Steed, of Chalmers, was elected Delegate to the State Society, and Dr. D. Gann, of Benton, Alternate Delegate. "Uterine Hemorrhage" was the subject for discussion at this meeting, and all present participated in making the discussion very beneficial.

C. PRICKETT, Secretary.

The Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. The Jefferson Hotel will be the official headquarters. For information address the State Secretary, or Dr. W. J. Lowe, Secretary, Pine Bluff.

**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

## News Items.

### PERSONAL.

Dr. S. D. Hughes has moved from Rison to Wilmar and will do contract work for a large sawmill.

Dr. J. A. Underwood, of Kingsland, is contemplating moving to Thornton.

After a residence of one year in Warren, Dr. J. W. Thorn has moved back to Cleveland County, the scene of his former labors.

Dr. G. M. D. Cantrell has returned from Philadelphia, after a few weeks' attendance at the clinics.

Dr. James H. Lenow, dean of the University of Arkansas, Medical Department, has been appointed a delegate to the meeting of the Council on Medical Education of the A. M. A., which meets in Chicago in April.

Dr. A. H. Scott still remains dangerously ill at his home on Louisiana Street.

Dr. L. E. Love, of Dardanelle, was a recent visitor in Little Rock.

## New Officers of Component Societies.

BENTON COUNTY.—President, C. A. Rice, Gentry; Secretary, J. H. Beard, Gentry.

OUACHITA COUNTY.—President, C. S. Early, Camden; Secretary, J. T. Henry, Eagle Mills.

PHILLIPS COUNTY.—President, J. W. Bean, Marvell; Secretary, H. H. Rightor, Helena.

PULASKI COUNTY.—President O. K. Judd, Little Rock; Secretary, E. P. Bledsoe, Little Rock.

SEVIER COUNTY.—President, F. T. Isbell, Horatio; Secretary, P. H. Phillips, Horatio.

YELL COUNTY.—President, J. R. Linzy, Dardanelle; Secretary, A. H. McKenzie, Dardanelle.

FAULKNER COUNTY.—President, George S. Brown, Conway; Secretary, I. N. McCollum, Conway.

GREENE COUNTY.—President, W. R. Owens, Paragould; Secretary, Olive Wilson, Paragould.

JEFFERSON COUNTY.—President, C. K. Cauther, Pine Bluff; Secretary, W. T. Lowe, Pine Bluff.

MILLER COUNTY.—President, H. R. Webster, Texarkana; Secretary, L. J. Kosminsky, Texarkana.

UNION COUNTY.—President, H. H. Niehuss, Wesson; Secretary, C. S. Pettus, El Dorado.

WASHINGTON COUNTY.—President, D. C. Summers, Elm Springs; Secretary, Nina V Hardin, Fayetteville.

BAXTER COUNTY.—President, S. A. Lowry, Luxora; Secretary, O. Howton, Osceola.

SALINE COUNTY.—President, J. M. Phillips, Benton; Secretary, C. Prickett, Traskwood.

CLEVELAND COUNTY.—President Charles Leali, Kingsland; Secretary, J. F. Crump, Rison.

## Obituary.

Dr. William Paul Illing, one of the most widely-known physicians in the State, died at his home in Little Rock on March 19, at 11:30 p. m., from cerebral embolism. He was a graduate of the Medical Department of the University of Arkansas, and was of the class of '89. He was a member of the Pulaski County Medical Society, the Arkansas Medical Society, the American Medical Association, and the American Medical Society for the Study of Alcohol and Narcotics. His long service as superintendent of the County Hospital naturally threw him in contact with many insane and nervous patients, and he devoted special study to mental and nervous diseases. Last year he retired from the County Hospital, and at the time of his death was engaged in general practice.

At the last meeting of the Pulaski County Medical Society the committee appointed to draft resolutions on the death of Dr. Illing reported as follows:

*Resolved*, That by the death of Dr. Illing the Pulaski County Medical Society has lost a young, energetic, and progressive member:



one who was reared and educated in Little Rock, and, with the exception of two years at Stuttgart, Arkansas, spent his entire professional life in this city.

In 1900 Dr. Illing was elected President of this Society. He was county physician for fourteen years, having been appointed by four consecutive judges. He was well and favorably known, having held these and other positions of honor and trust.

R. W. LINDSEY,  
C. C. STEPHENSON,  
C. E. BENTLEY,  
*Committee.*

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## Book Reviews.

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**A Handbook of Suggestive Therapeutics, Applied Hypnotism, Psychic Science.** By Henry S. Munro, M. D., Americus, Georgia, Second Edition. C. V. Mosby Medical Book and Publishing Co., Ltd. St. Louis. 1908.

The author of this little work, Dr. Henry S. Munro, a practical worker in the fascinating field of hypnotism, shows the possibilities of mental suggestion and hypnotism as therapeutic agencies, and points out the many conditions in which they may be employed with decided advantage to both physician and patient. Detailed directions are given for the application of suggestion efficaciously, and the author's aim has been to present the subjects of suggestive therapeutics, applied hypnotism, and psychic science in a practical manner. Many personal experiences are related to prove the value of suggestion, with and without hypnotism, and it must be admitted that they are not without keen interest. An interesting case is related on page 73, of a young man hypnotized and blindfolded, who responded to a suggestion written on a piece of paper. The book was written to acquaint the profession with "those basic principles of physiologic psychology on which the scientific therapeutic application of suggestion in all its forms depends," but whether the author has succeeded from this viewpoint or not, cannot be accurately determined by the reviewer, for he belongs to "the vast mass of the profession to whom this field is as yet a

*terra incognita*," and of course is not competent to sift the wheat from the chaff. But we do know that the book contains information and "suggestions" with which the profession should be acquainted, and the appearance of a second edition following so soon after the first, is evidence that there are many interested readers.

From a literary standpoint the subjects are disarticulated and luxated "to beat the band," while the bold-faced type used for purposes of emphasis, are placed without discrimination. The third edition should show a thorough overhauling along these lines.

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**A Manual of Clinical Diagnosis.** By James Campbell Todd, M. D., Associate Professor of Pathology, Denver and Gross College of Medicine, Denver. 12mo. of 319 pages with 131 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Flexible leather, \$2.00 net.

This little book presents the more important laboratory methods in a clear and condensed form, and the simplicity and accuracy with which the author describes methods, will appeal to students for whom the book was written. Methods requiring the least complicated apparatus and the least expenditure of time, are offered, thus encouraging the learning well of one method rather than many in an indifferent way. Dr. Todd's manual is a reliable and safe guide for the student and those general practitioners who need primary training in laboratory methods. The illustrations are good and the binding first-class.

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**Orthopedic Surgery for Practitioners.** By Henry Ling Taylor, M. D., Professor of Orthopedic Surgery and Attending Orthopedic Surgeon, New York Postgraduate Medical School and Hospital, etc., assisted by Charles Ogilvy, M. D., Adjunct Professor of Orthopedic Surgery, New York Postgraduate Medical School and Hospital, etc., and Fred H. Albee, M. D., Instructor in Orthopedic Surgery, New York Postgraduate Medical School and Hospital, etc. With 254 illustrations. 8vo, pp. xxiv, 503. New York: D. Appleton & Co., 1909.

Year after year the field of orthopedic surgery is becoming broader and more interesting. Advances are constantly being made in

the study of the predisposing causes of those diseases which are responsible for the many disabilities and hideous deformities with which we are all so familiar. Every new addition to our knowledge emphasizes the importance of the ability of the general practitioner to recognize these crippling diseases in their incipency, and to make an early application of those measures—surgical or mechanical—designed for their relief or cure. Dr. Henry Ling Taylor, well known as a leading orthopedic surgeon, has thoroughly qualified himself to write upon the subjects discussed in this volume, and his exceptional experience and opportunities for extended observation are factors which give the work its high and exceptional value. For convenience of reference and the better to emphasize the causes, predisposing and inciting, of the diseases producing deformities, the work is divided into three parts. In the first, or general part, underlying principles and the more important crippling affections are discussed. In part two, diagnosis, prevention, prognosis, and treatment of the crippling affections of each part of the body are taken up, while the third part is devoted to a masterly consideration of the technic of general and special splinting. This arrangement of the work is appreciated as the reader becomes more familiar with the book. The work may be safely relied on as a dependable guide in orthopedic practice, and the general practitioner, far removed from hospital or clinic, who adopts Dr. Taylor's teaching and follows his treatment—surgical, mechanical, or gymnastic—will not be disappointed. The text is clear, the illustrations abundant, beautiful and well executed, and the publishers are to be congratulated upon the mechanical excellence of the book. Although this is the first edition, we predict that many subsequent ones will be called for.

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**The Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. The Jefferson Hotel will be the official headquarters. For information address the State Secretary, or Dr. W. J. Lowe, Secretary, Pine Bluff.**

**Diseases of Children for Nurses. Including Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis, Hygiene, and Nursing.** By Robert S. McCombs, M. D., Assistant Physician to the Dispensary and Instructor of Nurses at the Children's Hospital of Philadelphia; Assistant Physician to the Medical Dispensary of the Hospital of the University of Pennsylvania. Illustrated. W. B. Saunders Company. Philadelphia and London.

This little book was written to fill a want in the author's service as lecturer to nurses at the Children's Hospital of Philadelphia. The methods found to be the most efficient and employed at the hospital, have been incorporated in the work. Diseases of infancy and childhood are described in a manner easy of comprehension by the average nurse, and only enough anatomy and physiology are given to make the subjects clear and understandable. Prophylaxis is emphasized throughout the book. The book is well adapted to the requirements of nurses, and physicians will get much good information from its perusal.

#### BOOKS RECEIVED.

**Clinical Diagnosis and Treatment of Disorders of the Bladder, with Technic of Cystoscopy.** By Follen Cabot, M. D., Professor of Genito-Urinary Diseases, Postgraduate Medical School; Attending Genito-Urinary Surgeon, City and Postgraduate Hospitals, New York. Pp. 244. Illustrated. Cloth. Price, \$2.00. New York: E. B. Treat & Co. 1909.

**Bacterial Food Poisoning.** A Concise Exposition of the Etiology, Bacteriology, Pathology, Symptomatology, Prophylaxis, and Treatment of So-called Ptomaine Poisoning. By Prof. Dr. A. Lieudonne. Translated and Edited, with Additions, by Dr. Charles Frederich Bolduan, Bacteriologist, Research Laboratory, Department of Health, City of New York. Pp. 128. Cloth. Price, \$1.00. New York: E. B. Treat & Co. 1909.

**The Therapeutics of Radiant Light and Heat and Convective Heat.** By William Benham Snow, M. D., Author of "Manual on Electro-Static Modes of Application, Therapeutics, Radiography, and Radiotherapy," etc. Pp. 119. Cloth. Price, \$2.00. New York: Scientific Authors' Publishing Company. 1909.

**Appendicitis and Other Diseases of the Vermiform Appendix.** By Howard A. Kelly, M. D., Baltimore. With 215 original illustrations, some in colors, and three lithographic plates. J. B. Lippincott Company. Philadelphia and London.



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## Original Articles.

### PULMONARY TUBERCULOSIS: REPORT OF CASES.\*

By D. C. Walt, M. D., Little Rock.

My object in presenting another paper on this subject before this Society is to assist in maintaining the interest this subject deserves. If we, as a body, will give the care that is needed we will be able to curtail the number that is annually added to the file of incurable conditions. I say conditions and not disease.

In discussing the paper that Dr. Sweatland and myself prepared and read before this Society last year, Dr. Frank Jones, of Memphis, made the following remarks with reference to the early stages of tuberculosis: "I want to raise my voice against one nomenclature; I want to put my foot down on one thing. The doctors talk about the 'prebacillary stage' of tuberculosis. You may just as well say the 'pretyphoid stage' of typhoid fever, or the 'prepneumonia stage' of pneumonia, or the 'pre-malarial stage' of malaria. 'The prebacillary stage.' I want someone to explain to me what is meant by the 'prebacillary stage' of tuberculosis. They examine his sputum and don't find any tubercle bacilli. They then hedge around and say that it means he has some evidence of exaggeration of pulse, or slight fever, or a little coughing, with no tubercle bacilli. That's the 'prebacillary stage.' If tuberculosis is an infectious disease the tubercle bacillus is the etiological factor; then, from analogy, there is no such thing as the 'prebacillary stage' of tuberculosis. If it is tuberculosis and it is caused by the tubercle bacillus, there is no 'prebacillary stage' about it."

We hardly consider it necessary to go into the etiology in an extensive way, as every one is familiar with the well-beaten path that has been threshed over by the pathologist and physician. We admit the fact that, from the point of symptomatology, the diagnosis is not complete without the evidence of the tubercle bacillus. When we wait to find the bacillus

there is usually marked evidence of advanced symptoms. Would the physician neglect his patient until necrotic tissue was being thrown out, carrying with it the bacillus, before recognizing there was an interference of normal relations, with the consequences of disturbed building processes and elimination? Why not hoist the signal of danger before the cargo is in the vortex of destruction, and instead of stirring the storm of contagion to the point of false alarm, recognize and teach the fact that a normal organism does not succumb to the invasion of tubercle bacilli? Even nature, unaided but by circumstances, cures more tuberculosis patients by 40 per cent than those that die from the disease. When the patient regains the normal without treatment *per se*, destroying the bacilli, it throws the weight of evidence in favor of the opinion that metabolism must be below the normal before the invasion could have occurred. And, again, the circumstances that produced the disturbed relations of the organism have necessarily to be changed or the invasion would not have been prevented.

In the eighteenth century Morgagni and Valsalva were teaching the contagiousness of tuberculosis, while in the north of Europe they still thought it inherited. We compile statistics today, weighing with almost equal importance the inheritance of this malady as a specific bearing field, and at the same time neglect in the main to recognize that this factor in a large measure mainly depends on the lack of proper and available tissue-producing food and the absence of favorable circumstances. If these are facts, the infection is the result instead of the cause. The causes are legion. "The nakedness of woman is the clothing of the physician," is only one of the many links in the chain of causes that add to the long list which, in substance, is anything that interferes with normal conditions. If the condition of the organism is restored to the normal, the destructive process will not continue. We find that normal conditions are represented by an equalization of the blood stream with proper nerve tone to maintain repair, with ability of the glands to throw off sufficient waste to prevent poisoning of the nerve power; then, with the required amount of cell-building material to provide for the repair, normal relations will continue. The above deductions indicate the work to be done. It is necessary to use the best material at our disposal to meet the indications,

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placing the things that are required in reach of the body cells, especially those constituent elements that are deficient in the organism. It is best to study the principles and allow the circumstances to suggest the accessories.

The almost daily risk of infection of the average active life to the tubercle bacillus is one of the most convincing proofs that the resistance of the organism is the most important consideration. Post-mortem findings present evidences that 65 per cent of those dying from other causes have suffered from this disease, which fact further confirms the analogy that, although the germ is associated with and stamps the condition, its development is dependent upon the disturbed power of resistance, and therefore is not the cause, if we classify the beginning as the cause instead of the effect. The history of wild or uncivilized people throws a flood of light on the physical resistance in regard to tuberculosis. The same thing is illustrated with the various species of mammals that have been domesticated.

Benjamin Rush, who might well be termed a pioneer of modern phthisiotherapy, said: "It is lamented that it is not in pulmonary consumption only that the effects of a disease have been mistaken for its cause. It is high time to harness the steeds which drag the car of medicine before instead of behind it, and today I say that the infection is the result of abnormal conditions instead of the cause, and the associated relations are manifestations instead of the disease."

Again, referring to the insight that Rush had concerning this disease: "If it was possible to graduate the tone of the system by a scale I would add that to cure consumption the system should be raised to the highest degree of this scale." This is an expression that cannot be too thoroughly analyzed, for it points with convincing force that it requires a requisite amount of elementary constituents to make a normal working organism that we find at all times able to resist the invasion of the tubercle bacillus, which in itself is forcible proof, by analogy, that we have a pretubercular condition.

When these facts are thoroughly appreciated and the public aroused to the necessary point of self-protection, cures will not be as frequently required. It is my conviction that if each individual was cared for in the way necessary to obtain the required repair and waste, the death rate of the "white plague" would be reduced to one of the lowest percentages in the morbid calendar.

The treatment has been to keep the blood stream as free from waste as possible by pressing elimination through the various avenues nature has so abundantly provided; by keeping in the circulation the various elementary constituents of which the body is composed, especially such as potassium, calcium, magnesium, iron, manganese, etc. Control the nerve influence by the various vaso-motor and vaso-constrictor drugs, and at the same time keep up the

electro-magnetic influence by tonics sufficient to maintain secondary or true assimilation.

To recapitulate: I don't want to be misunderstood. The essential points have been mentioned, with the idea that they may be more prominent by being alone. I know that we cannot have the disease without the tubercle bacilli, and at the same time I think that the condition the organism is in at the time the germ could develop within it should be recognized and changed.

If we are capable of assisting nature to correct the changes that have occurred, it is reasonable that we should be able to prevent such extensive changes from occurring, especially as tuberculosis is one of the slowest diseases to bring marked changes in the body.

I am glad that we can treat consumption and meet the required conditions before we recognize the existence of the tubercle bacillus, and at the same time it is fortunate for the patient that we have all pretty well agreed that it is not like the established opinion in pneumonia—necessary to go through all the stages because the germ is in evidence.

Case I.—A. B., male, age 23, took to his bed on February 5, and was brought to Little Rock on March 6. Upon examination he had a pulse very much below the normal, beating about 116 or 118 times per minute. The skin was pale, excepting the cheeks, which showed a blush. The respiration was about 27 per minute. Intense pain over the region of the left antero-lateral and middle aspect of pleura. The left lung had hardly a perceptible movement, decided dullness and very little vesicular murmur; some dullness in right lung. Cough excessive, with a good deal of expectoration. The microscope showed the tubercle bacilli. (Referred to in discussion.)

#### DISCUSSION.

Dr. A. E. Sweatland, Little Rock: The patient we present here today has tuberculosis. Dr. Walt and myself together first saw her about January 1, 1907. I present the case to emphasize one very important point in the treatment—to always have your patient under absolute control. If we can have absolute control and can get our patient to co-operate with us, we have won the battle in the great majority of cases of this kind. I must say that this patient has co-operated with us in trying to get well.

The first eight months of the treatment she was in bed. Her temperature was never much above normal except when there was an extension of the disease into a healthy portion of the lung, when there would be some elevation. The temperature would decline in a few days and the lungs would clear up. The right lung now has a cavity and is beginning to contract more and more each day. There is no crepitation, but some mucous rales are heard on auscultation. The induration has disappeared and the temperature has now run normal for a long time. On account of malaria, from which she has been suffering, her condition has not been quite so good in the last six weeks. The condition of the lung, however, is satisfactory. I had hoped to have some of you gentlemen examine her chest, but our time is now so limited that it will be impossible.



In closing, I wish to impress this upon you: These cases can all be benefited, and, I believe, cured just as surely as other cases. I believe it is a prime necessity to get the co-operation of your patient first, then stick to him and persist in your treatment of tissue building and elimination of waste material. In short, strive to maintain the metabolic processes to their normal equilibrium, and good results will follow. This patient has gained considerable flesh since treatment was begun one year and a half ago.

Dr. Charles C. Browning, Los Angeles, Cal.: In discussing Dr. Walt's paper, it will be impossible for me to demonstrate an examination in the short time allotted to me; however, I shall be pleased to explain briefly the method of examination of the chest which I ordinarily pursue. The object of a systematic examination is that it may be more thorough, and doubtless more thorough examinations are made if a chart of the findings is also made.

I always bare the chest for examination. This, I think, is absolutely necessary in order to make anything like a thorough examination. Following inspection of the chest, I usually begin by placing my hands on either side of the neck and noting enlarged lymphatic glands. Frequently indurated glands, although not larger than a pea, may be detected, and, as a rule, if it is a case of incipient tuberculosis these will be found on the side of the neck corresponding to the lung involvement, providing there is only one lung involved. This is not an absolute rule, but it is of value. Then passing the hand down over the chest note retarded or impaired motion, also vocal fremitus. Then by percussion outline the area of resonance in the apex of each lung and note any discrepancy. Then I pass below the clavicle and down to the first or second interspace, noting carefully any change of resonance, and especially such as would indicate the probability of enlarged glands in the mediastinal space or change in the consistency of lung tissue.

Next, I usually outline carefully the area of the heart, the beginning of the change of resonance and the complete change that is found by going entirely over the heart. Frequently if there has been a previous infection with formation of scar tissue and much contraction of the lung, you will find the heart is displaced toward the side in which the scar tissue exists. All of these areas are marked in pencil, as they are of value in auscultation. Then down on the right side note first the change of resonance as you approach the liver, then the liver dullness, and then by noting this and continuing percussion during deep inspiration you will be able to demonstrate whether or not the lungs move freely at the base or the air enters the base of the lung freely. Then go over the left side for enlargement of the spleen. The same course is followed over the back, although it is not possible to outline as clearly the different organs from the back of the chest as the front. After having outlined the several organs, careful percussion is made over the entire lung area.

In auscultation I always begin at the apex of the right side of the chest coming down below the clavicle next to the sternum, then place the stethoscope successively over the areas to the right and so continue until the entire right side of the chest has been gone over, noting the respiratory, pleural and other sounds which may be present. Then I go over the front on the left side in the same manner, then over the back. The object of this is to have a regular routine system so that all parts of the chest will be thoroughly examined. Of course comparisons on both percussion and auscultation are of value. As stated in the beginning, the limited time forbids me from going into this subject exhaustively.

Dr. Walt: (Presentation of a case.) I have presented this case because I thought it might be of interest to the members of this society. It shows the actual demonstration of a tuberculous condition following pneumonia which this young man had, and which I believe can be cured if the efforts are kept up along the lines indicated in my paper. I can see no reason why we should not get results following treatment that meets the requirements of waste and repair. This patient had five sisters who had pneumonia, three of whom were ill when I was called to see him. One was a nurse and the strain was too much for her endurance, and her condition was such that her lowered resistance rendered her susceptible. A baby that was brought in after the other members were discharged contracted pneumonia. I felt that this young man was going to have pneumonia or some disturbance of like nature. I knew that he was too far below normal to regain his physical equilibrium without more care than he was getting in his everyday life. But he was obstinate and thought his will power would carry him through without the services of a doctor. He went to Ouachita County and was taken ill with pneumonia a few days after his arrival. He was taken ill on February 5, and was brought back here on March 6, in the physical condition already described.

#### MEASLES: REPORT OF 200 CASES.\*

By A. L. Carmichael, M. D., Little Rock.

Measles is an epidemic, contagious disease, more widely prevalent than any other eruptive fever. Very few persons reach adult life without contracting it. One attack usually confers immunity. It is highly contagious, even from the beginning of invasion, and spreads with great rapidity from the patient to susceptible persons exposed. It is said that the poison does not cling long to clothing or in apartments. In my opinion, the time given for the poison to die out is too short. In the beginning of the epidemic of measles that we had last year at the Arkansas Deaf Mute Institute the first case was a child of parents that lived in apartments not connected with the main building or the hospital. This child had measles the latter part of April. The apartments were not fumigated or disinfected. In June a non-immune adult chose these rooms for his sleeping quarters, and in just twelve days from the first night that he slept in this room he developed a case of measles. It was at least nine weeks from the time the case of measles was in this room until he went into it.

The essential cause of measles is as yet unknown. It is believed to be due to a micro-organism, but all attempts to isolate it have thus far been unsuccessful. The poison is one which possesses remarkable powers of diffusion. Only a short time is required to communicate the disease, and even close proximity to the patient does not seem necessary, and, with the most rigid quarantine in institutions, it is impossible to prevent the spread of the disease.

\*Read in the Section on Practice at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.

Very young infants do not so readily contract the disease, but all other children are extremely susceptible. Somer has reported an instance of an eruption of measles appearing in a babe twelve hours after birth; the mother was suffering with the disease at the time. Except, then, in early infancy, the probabilities are very strong that every child exposed to the disease will contract it. Occasionally, however, one is seen who seems insusceptible to the poison, no matter how close the exposure.

Epidemics of measles are more frequent and more severe during the spring months. They are least frequent and mildest during the autumn months.

In the two epidemics that we have just had it has been impossible to determine anything definite about the period of incubation. I do know that the most cases contracted it in from ten to fourteen days, and that some took it sooner and some were much longer in contracting it. From the fact that measles is contagious from the very beginning of the first symptoms until many days after complete desquamation, makes it difficult to fix a positive date of incubation. My records show that twenty-seven out of seventy-nine cases contracted the disease in just fourteen days from the exposure. These were the first ones to contract the disease, and they contracted it from the case above mentioned, as this was the only exposure that was definite or that we could fix a time of incubation.

According to the records of the Superintendent of the Arkansas Deaf Mute Institute, there were enrolled 265 pupils between the ages of five and twenty years, and, according to the records, 106 of the 265, or 40 per cent of this number, were immunes. This left 158 non-immunes; 79, or 50 per cent of this number, contracted the disease, and 27 of these 79 contracted it in fourteen days from the first exposure. Under as rigid a quarantine as it was possible to maintain they would keep on contracting it, and from two or three would come into the hospital every two or three days. At the beginning of the epidemic of this year there were 273 pupils between the ages of five and twenty years enrolled; 191, or 70 per cent of this number, were immunes or had had measles, leaving 82 non-immunes, of whom 41, or 50 per cent of this number, contracted the disease under the same rigid quarantine.

The mode of infection of measles is usually by direct contagion, but it is often carried by a third person. Under ordinary circumstances, however, and unless the time is very short between the time of one being with one with the disease and coming in contact with a person who is non-immune, he is not likely to carry the disease.

The only constant lesions of measles are those of the skin and mucous membrane, chiefly of the respiratory tract. The process of the skin lesion is of an inflammatory character. There is congestion, accompanied by an exudation of round cells about the

small blood vessels, and also about the sweat and sebaceous glands and the papillæ. To this exudation and edema the swelling of the skin is due. It occurs everywhere, but is especially notable about the face. The changes in the mucous membranes are quite as much a part of the disease as are those of the skin. There is a catarrhal inflammation affecting the conjunctivæ, nose, pharynx, larynx, trachea, large bronchi, stomach and bowels, and which varies in intensity with the severity of the attack. In the most severe forms, and especially those already suffering with catarrhal troubles of the upper air passages, also the very young children, this inflammation extends with great uniformity to the small bronchi, and usually to the air vesicles, causing bronchopneumonia.

The most constant and reliable early symptoms of measles are the catarrhal symptoms—sneezing, harsh cough, some soreness of the throat, suffusion of the eyes, increased lachrymation, photophobia, and a discharge from the nose. As we say, a severe coryza. The patient usually expresses it as having a severe cold. Koplik's sign or spot, when seen is a pathognomonic symptom, but with good light and on close inspection I did not find it in 20 per cent of my cases. That may be a fault of mine, but I took particular pains to look for it, and my records show that we could make a safe diagnosis on Koplik's sign before any other symptoms were perceptible in only 20 per cent of the cases. I think a much more constant sign, and one which is almost as positive, is the early appearance of small red spots on the hard palate and the roof of the mouth. These spots were present in 90 per cent of my cases, and appear as early as the fever.

The constitutional symptoms are indefinite, and may be met with in almost any disease. There are dullness, headache, pains in the back and the usual symptoms of malaise. It is stated by some authorities that vomiting is rare. I have found it almost a constant symptom. I have not found diarrhea as an early symptom. There is a diarrhea about the tenth or twelfth day if any irritating or undigestible food is taken, and especially if any purgative drugs are given, but without one or the other of these causes I have not observed any diarrhea. I denounce the practice of giving purgative drugs; they are not needed and do harm.

The eruption appears in most cases in four days from the beginning of the fever. In some cases it appears in twenty-four hours; in two cases it did not appear until the ninth day from the beginning of the fever. You will often not see it until the sixth or seventh day, and you will often find it in a very few hours after the first fever. It usually makes its first appearance behind the ears, on the neck, and then over the face and breast. As I have said before, you will find in most all cases the small red spots on the hard palate and on the roof of the mouth about the time you first notice the fever.



A tabulated record of 200 cases shows that the eruption appeared as follows: In six cases it appeared behind the ears and on the face in twenty-four hours; in forty-nine cases, in three days; in sixty-five cases in four days; in forty-three cases, in five days; in thirty-one cases, in six days; in four cases, in seven days, and in two cases, in nine days.

Out of the 200 cases I saw only one hemorrhagic case. It is a bad symptom, but by no means a fatal one. A temporary recession may appear, and is in most cases due to a heart lesion. We had two deaths among the 200 cases, and both were cases of mitral regurgitation. During the first two days of the eruption the symptoms all increased in severity, all reaching their maximum about the time of the full eruption of the face and body.

Desquamation begins as soon as the rash has subsided, and is first noticed on the face and neck. The nature of the desquamation is invariably of fine, branny scales; never in large patches like scarlet fever. There is, as I have noticed, a peculiar odor about the patient, and to me it is very characteristic of measles. During this stage the cough often persists and the eyes remain weak; otherwise the patient feels perfectly well.

The most frequent complications are in the order named—broncho-pneumonia, ileo-colitis and otitis media. I find that broncho-pneumonia is a much more frequent complication where the patients are crowded than in private cases. In the cases that we had at the institution, of the first epidemic of seventy-nine cases we had four who had pneumonia; in forty-one we had two. All recovered. There was one case of ileo-colitis in the first epidemic, none in the second. Two cases of otitis in the second epidemic, none in the first.

The diagnosis is to be made from the eruption in the mouth and behind the ears and over the face. Now, I regret that it is impossible for me to regard the importance of Koplik's spots as an early positive diagnostic symptom. I did not find it in enough cases to attach the importance to it that some authorities do. I agree with them that it is a positive symptom when you find it, but the percentage of cases in which it was present was so low that it did not strike me as being so very important. I say that I regret it, too, because I was in hope that we did have an early, constant and reliable symptom; one that we could lay very much stress on and one that was not found in any other disease. The coryza, lachrymation, suffusion of the eyes with slight and sometimes very much congestion of the conjunctivæ, hoarse and hard cough with a gradual rise of temperature until the eruption is well out, are the more prominent symptoms. As a rule in uncomplicated cases the temperature reaches its height about the first and second day of the full eruption some cases running as high as 106° F., but usually 103° to 104° F. is about the average temperature. One symptom I do not want to fail to men-

tion, and that is the enlargement of the cervical glands about the second day of the fever. We had an epidemic of mumps this year at the same time that we had measles, and sometimes we would find enlargement of the lymphatic cervical glands with some fever, but no enlargement of the parotid gland; and then it was a question to know which we would have first—mumps or measles. Sometimes it would be one and sometimes the other. Of course, where we had other symptoms, there would be no difficulty in making a diagnosis.

#### PROGNOSIS.

The prognosis is good in all uncomplicated cases, but not so good in weak and delicate children. Such children are more liable to develop complications.

#### TREATMENT.

Measles is a self-limited disease, and there are no known drugs that in any way prevent, cure, shorten or lessen the severity of the attack. I have observed that if you will give hot lemonade to those children who have very anxious mothers it relieves the anxiety of the mother and the child breaks out. Whether or not the lemonade had anything to do with it, I cannot say. In other cases you must be more up to date and give cold lemonade.

It is true, however, that there are many things that you can do to make your patients more comfortable, such as the care of the room with reference to the temperature and light; the care of the eyes and the throat; nausea should be relieved. When the temperature is high, apply an ice cap or give a tub or sponge bath. In some cases a few doses of phenacetin will have good results in reducing the fever and making them comfortable. I detest the practice of giving purgatives at any time in measles, but I do believe that a few very small doses of calomel, given early, do much good. In cases where the cough is annoying and causing much discomfort, very small doses of opium in some form, either Dover's powder or some of the liquid preparations. I have found that creosote does more toward relieving the cough than most anything else. Above all things, in my opinion, the diet has more to do with comfort of the patient and bringing about good results than any other one thing. I would advise milk first, last, and all the time; but, of course, that will necessarily have to be changed to some extent to suit the individual case. But stay as close to the milk and liquid diet as possible.

The complications—broncho-pneumonia, otitis and ileo-colitis, as well as all others that may arise—should be treated as you would treat those troubles at any other time. I believe with the proper diet you will not have much ileo-colitis.

The care of the mouth and throat, and proper and well-directed ventilation will do much toward preventing one of the most common and dangerous complications—pneumonia.

# SOME OBSERVATIONS CONCERNING RHEUMATISM.\*

By M. G. Thompson, M. D., Hot Springs.

I believe that rheumatism is the result of auto-infection, and when some organ of importance fails to perform its functions of proper elimination, the many poisons that are dormant until this non-elimination occurs, micro-organisms that have been indefinitely dormant, almost in the twinkling of an eye become virulent and sparkle with malignancy, and we have the formation of toxins and the multiplication of micro-organisms producing changes in the blood-cells, pain and inflammation, the pain and inflammation depending on the extent of the non-elimination and the predisposition or diathesis of the patient. The diathesis is the load of danger that each patient carries concealed in his system. The dangers of diathesis are like two men driving by a burning building with live sparks falling down into their vehicles, one loaded with non-combustible material, the other loaded with exposed powder and dynamite. The diathesis may not be inherited, but may be acquired by the habits of life and environment of each patient. I believe the word rheumatism will slowly pass away as the old uric acid theory has been passing away for several years, and we will say infection from non-elimination. I do not believe that there is a micro-organism which floats in the air, and, when we get a tonsillitis, descends and buries its great fangs into the tonsils and produces rheumatism. When some great organ becomes crippled from great indulgence on the part of its owner in meats, alcohol, great muscular or mental labor or sudden climatic changes, we have stored up developing toxins producing results according to the age of the patient and his diathesis or predisposition. I believe the same poison may exert its force on the nervous system, producing arthritis-deformans in one, or a typical rheumatism in another. In another we will have the formation of deposits producing a true gout, all depending on the environment, consumption of alcohol or meats, mental and physical labor, making up the picture of those who apply to you for the treatment of rheumatism, gout, arthritis-deformans and myalgia. The old writers said rheumatic gout, rheumatic arthritis-deformans, rheumatic sciatica, because they thought they could see the close relationship existing between these diseases and because every change of the barometer affected all like. True, many clinical aspects showed the close relationship, except in regard to recovery; the true rheumatism getting well with a predisposition to return, the others doubtful in their course and duration.

This subject is too great for the discussion of all its clinical aspects, but I wish to speak of the classes of patients that present themselves to you for treat-

ment, so that we can make the proper prognosis and say: "This is true rheumatism; it will get well, and, with proper habits, will stay well. Or, if you have a return of the disease, by keeping the proper medicine always on hand, especially at night, when it is more likely to appear, you will get relief." If the patient delays calling the doctor, and patronizes the druggist, he has toxins forming every minute, changing micro organisms and blood-cells and productive inflammation that frequently require a number of days or weeks to subside, and which might have been prevented. The patient could have been relieved in forty-eight hours if he had received violent purgation the first hour, and thus eliminated poisons before the new compounds could have been formed in the blood. Many times it is necessary to give salophen, which at the same time eases the pain and eliminates poisons by diaphoresis, while if you wait some hours you will not get this good result. I want to emphasize the assertion that rheumatism can be aborted in the first few hours if properly treated. If not properly treated, the duration may be several weeks, with the probability of sequelæ.

The sequelæ of rheumatism often brings the blush of disappointment and apology from the doctor. Let one of the larger joints become fixed from inflammation and long remaining in one position. The doctor may hesitatingly say that it would be better to chloroform the patient and flex the limb and put it in position, but the patient and family would decline it, for it requires the doctor to speak in no uncertain terms of the deformity and maiming of the patient for life. If he has fears of being called bold and heroic in his treatment, and has fears to give chloroform, he will receive the just condemnation of the family when the patient falls into other hands. Your assurance of success puts fear out of the mind of the patient. Your dominating force should characterize you as a doctor.

The poor and rich are alike a blessing to the doctor. One of the poor who has spent his all on many doctors for relief from rheumatism applied to me for treatment. There was much thickening of the capsules of the knees from long and repeated inflammation. The joints were so tender it was with difficulty that he could walk with two crutches. Being large and boggy, as though they had much fluid in them, I aspirated with a trocar and canula, and then washed out the joints. He made a slow but good recovery, and I have observed him for ten years, and he complains now only of pains in the ankle that I did not open. So I believe we might wash the joints and apply the plaster bandage frequently in this condition with great benefit. I have many times opened and washed the joints and applied a plaster, especially in cases that I thought were tubercular, with great benefit, but have never been so unfortunate as to have fixation or the joints.

I have many times seen, especially in the rich, gonorrheal rheumatism that had resisted all medica-

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tion for months (and I want to sound a note from the homeopathic official surgery of the past and tell the brilliant results obtained from the use of the steel sound), respond to dilation of the rectum and operation for piles. I would like also to speak here of sciatica from pressure in the rectum, resulting from piles, producing spasm of rectum, constipation and cold feet. With these symptoms present, I assure you that the dilation of the rectum and removing the piles will restore the proper circulation, warm the feet, cure the constipation and expel the sciatica. But if I speak too freely on this part of the subject you will accuse me of trying to revive the old official theory.

There is no question in my mind that sciatica is often caused from pressure both in and out of the rectum. Recently I had a number of cases of sciatica that had resisted all treatment, and on examination obtained this sort of history: One had carried two large books and a pair of "brass knucks" in his hip pocket; another had carried a large book and hypodermic syringe in his hip pocket; another, a civil engineer, carried a large book in his hip pocket; another had piles, constipation with cold feet, and sciatica; all relieved at once by removing the cause. In all cases of sciatica I think it would be well to observe the dress, habits and environment of the patient.

To the large varieties of rheumatism I want to add another classification which we may call mental rheumatism. The overworked men in all the professions and occupations of life are the most common subjects. Most of them are in middle or advanced life, with no symptoms of disease, excepting that on examination of the urine you will find they are not throwing off the necessary amount of solids in proportion to their weight. On inquiry you will find a history of great mental work for an unusual length of time without rest or recreation. They have a history of pain that is greatly increased with a change of barometer. Unfortunately they have been much treated for rheumatism without benefit. Unfortunately, too, you cannot always control their mental force, diet and habits of life. Your success depends upon your ability to control, for medicine plays a small part in relieving this class. You see the same variety in the dull or bright children at school who are fed largely on meats and are overworked mentally, producing not only the pain, but the shaking of the limbs and head characteristic of chorea.

Gentlemen, rheumatism is too great a subject for the consideration of all its details in the short time allotted me, and I have intended only to allude to a few points of interest to those who study rheumatism. I do not want to lay stress on treatment, for your success depends upon your knowledge of the great variety of diseases called rheumatism (and you can feel assured that a large number are not benefited by the usual rheumatic treatment), your prop-

erly estimating each case, the age and sex of the patient, the diet, profession and environment—all of which must be considered in your management of these cases. All of the pains characteristic of the many nervous diseases must be thought of, and in practice you must be able to discriminate closely and say: "This one will be cured, and, with proper habits in life, remain cured, though predisposed to a return; while that one will be benefited only by a change of climate."

#### DISCUSSION.

Dr. Hebert, Hot Springs: I rise merely to emphasize one particular feature in the doctor's paper, the appreciation of which, I think, is of great importance in the rational management of these cases. I refer to the subject of auto-intoxication in connection with rheumatism. I am glad to see the doctor take up that particular feature of the subject. It is one which, I fear, has been overlooked by the general practitioner in the treatment of rheumatism. The sooner we realize that a rheumatic attack is merely an incident, and not in itself a distinct disease, I think the better. The subject of auto-intoxication or auto-infection, of course is too broad a subject to be taken up at this time. It is one which I feel deeply interested in. If the physician, before beginning the treatment of a case, will examine the urine, I think he will be guided in the future management of the case greatly to the benefit of the patient as well as to himself. It does not require any elaborate technique or equipment to do this. The other secretions and emunctories are, I think, of equal importance. It is merely to emphasize that point that I arose. The other points in the doctor's paper, I think, are also very important.

Dr. Anderson Watkins, Little Rock: I suppose we are here for a frank discussion of the papers read. I want to say that it seems to me that the tendency of this Society is to read too many papers embodying "I think." This is an age of experimental medicine. Now, the author starts out in his paper by saying "I think" that rheumatism is an auto-intoxication. There is no "thinking" that should go in this Society. There is evidence that it is an infection, but there is not complete evidence, and neither is proof. Therefore, unless you can come up with the facts in the case, I do not think we should say "I think" as to the cause of any disease. We have too much of it here. As to the other topics in his paper, they are too many and too varied to be discussed by one man. But the word "rheumatism" will, I think, be dismissed from our nomenclature in the course of a few years, when we can classify a probable septic infection and the various bone and joint infections by their proper names.

Dr. Thompson: I thank the gentlemen for their comments on my paper. There are several other things that I would like to say, and one of them is on sciatica. One of the references was a gentleman from Nebraska who had been much treated. He applied to one of our local doctors at Hot Springs for treatment of sciatica. He looked at him and said: "What school did you graduate from? When did you graduate? How long have you been practicing?" He asked him a number of other questions of that kind. He wrote four prescriptions that cost more than \$3.50, and dismissed him from the office in less than five minutes. The doctor said when he got out and looked at the prescriptions that he could only remember one word that was becoming, and that was "the devil!"

We are too often given to the theory that when we have a patient who has pain it is rheumatism, and that "rheumatism medicines" are necessary. It requires discrimination to say: "This is rheumatism, and the patient ought to get well; this will be doubtful in all its course and duration, and requires knowledge and tact, and a knowledge of rheumatism." I want to confess that I have many times thought a case was rheumatism, and treated it for such, and, to my sorrow, afterwards found out that it was not rheumatism proper.

Dr. Watkins said that I ought not to say "I think," but before he sat down he said "I think." I hope he is "thinking" as much as I am.

#### SURGICAL CASES.\*

By J. C. Hughes, M. D., Walnut Ridge.

##### Case I.—Foreign Body in the Uterus.

The patient was a married woman, and had not passed the child-bearing period. I was called December 25, 1902, to see her, and being informed that she was suffering with some female complaint, took along my obstetrical bag. Upon my arrival at the house, which was some three or four miles in the country, I found her with considerable fever, and she told me that the labor pains exceeded any of her previous deliveries. As she had been suffering with ulceration of the womb, and had had some little wasting for the past five or six months, she had purchased a box of "healing salve," and had bent a hairpin straight, then made a loop on the end of it, making it the shape of a fish hook. She used this to apply the salve to the ulceration in the treatment of her painful condition. Upon inquiry, I found that the salve had a very decided reputation as a preventive of conception.

I made a vaginal examination and found about one inch of the hairpin protruding into the vagina. It had gone far into the uterus, which was swollen, tender, and painful. There was some discharge of a very foul odor and a sero-purulent color. I soon found that I could not deliver the foreign body without assistance, and sent to town for a physician to help me in the case. Upon his arrival he administered an anesthetic and I dilated the cervix uteri with a Goodell's uterine dilator, and after some little manipulation of the hairpin it was removed without further injury to the uterus. I gave her an intra-uterine douche of lysol and water and put in a small piece of iodoform gauze. Returning the following day, I found the patient free from fever, and in five days she was up and in apparently the best of health.

This is the first case of this kind I have ever seen. There was great danger of infection, and many unfortunate results were liable to follow such ignorant practice. The patient was not pregnant as she thought, but gave these fictitious symptoms

as a blind to conceal the cause for such treatment.

##### Case II.—Hodgkin's Disease, Pseudo-leukemia.

Willie W., boy, age 13½ at death. Had pseudo-leukemia for three years. Father living and in best of health, age about 45. Mother died at age of 38 with uterine cancer. One sister died at age of 16 with pernicious malaria. Grand parents lived to be 60 years old. No tubercular or syphilitic history as far as could be elicited. The boy had whooping cough when very small, and had chills and fever every summer from the age of 6 to 10. Had measles at the age of 12. The present trouble was first noticed when he was about 10½ years old, as a swelling of the lymphatic glands along the posterior border of the sterno-cleido mastoid muscles. The swelling did not make fast progress for about one year, when the glands in the cervical region began to swell rapidly. Soon the axillary and the inguinal glands began to swell, then enlargement of the spleen and liver, the glands in the mediastinum (evidenced by shortness of breath), the peritoneal glands (evidenced by abdominal ascites), and swelling of the lower extremities (very late in the disease). The lymphatic glands were everywhere markedly enlarged; they were painful only at the beginning of the enlargement; they were distinctly movable and seemed to be in separate enclosures; they never showed any tendency to break down and suppurate; no evidence of tuberculosis, except a cough for some time following measles, which soon subsided to only an occasional hack without expectoration. There was some shortness of breath, with rapid pulse, more noted in evenings when temperature was highest, which ranged from 101° to 102°.

The boy at times seemed to improve, but would soon fall back to the fever and shortness of breath. Repeated examinations of sputum failed to show tubercle bacilli. Blood examinations showed no evidence of malarial parasites. There were no cardiac complications except a fast pulse associated with fever. Many examinations of the urine showed no evidence of nephritis; there was no consolidation of lung tissue and no probable presence of tuberculosis. Anemia was very marked, red blood cells numbering only 2,250,000; the white blood cells were not increased in number except that there were a few more lymphocytes than normal and a great number of eosinophiles present; frequent headaches; edema, dyspnea and cardiac symptoms were present for the last year of his life.

The edema was due, I think, to pressure from the enlarged glands. I did not treat this boy until about four months ago, but saw him last summer as he was brought before our county medical society as a clinical case. His condition was then thought to be tubercular. This was just after the attack of measles, when he had considerable cough and expectoration, possibly aggravated by the attack of measles. I made a microscopic examination of sputum, but found no tubercle bacilli present. I then thought of Hodgkin's disease and suggested this

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diagnosis to the attending physician. He agreed with me in my suggestion, and informed me that he had been giving thyroid extract for some time. I did not examine this boy again until some time in the latter part of last winter, when he came to me for treatment. I report the case merely from the fact that such cases are of such infrequent occurrence as to make them of unusual interest to us.

My treatment was limited to the X-ray and tonics of iron, arsenic and quinine, as the father objected to my offering any surgical measures even for the relief of symptoms that resulted from pressure upon neighboring organs.

I think this case should have been treated surgically, and believe that all we can do to relieve the most aggravated case would be by the use of surgical interference very early in the disease.

Early extirpation of the involved glands will probably do more to cure the disease than anything we know of; and later, where there have been no curative measures instituted in the beginning and where pressure symptoms arise, we must resort to surgical measures for relief.

Augustus Caille sums up the treatment as follows:

"Improve the general health by hygienic living. Quinine, iron and other tonics should be used. Arsenic to the limit of tolerance. Phosphorus is probably the next best remedial agent at our command."

F. Forchheimer says:

"X-ray treatment gives the best results of all methods that have been advised; it is simple, and, while it may not cure the disease permanently, astonishing improvement follows."

Holding and Warren collected twenty-two cases which had been treated in this way. Of these, 27 per cent were cured symptomatically, 58 per cent were improved, and 14 per cent were either not improved or terminated fatally.

Frederick Henry Gerrish, in Keen's Surgery, says:

"The results of treatment are not cheering. Removal of all the affected nodes early in the disease presents, perhaps, a possibility of cure; but recurrences must be expected; operation is certainly justifiable to give relief of pressure symptoms. Serum-therapy has disappointed the hopes that were raised when it was first exploited. The X-rays have been tried in a purely empiric way."

Then, again, he refers to arsenic as a remedy that probably will afford some success in a small way.

Nothing is yet known of the true cause of this disease. Malaria, tuberculosis and syphilis have been spoken of as probable causes. It is generally conceded to be of infectious origin. Pathologically, the lymph-glands show hyperplastic enlargement, and there is an increase of the cellular structure of the glands with a late deposit of interstitial fibrous tissue. There is no increase in the leucocytes as in leukemia and other allied conditions. The red cells

are decreased in number and there is poikilocytosis. These cases are very interesting, and, as their mortality is great, we should give each case careful study.

#### DISCUSSION.

Dr. M. D. Ogden, Little Rock: The doctor started his paper by reporting a surgical case. He then reported a second case which he diagnosed as Hodgkin's disease. I was just congratulating myself that he would get through and not call it pseudo-leukemia, but toward the end he said it differed from true leukemia. He cited his authorities and drew his conclusions. There is a good deal of attention given in the text-books to this class of so-called pseudo-leukemia. If you boil down the opinions of all the authorities you come to the conclusion that the term "pseudo-leukemia" is just simply a definition of the clinician that usually gives five conditions which resemble true leukemia, but not the blood picture; and that there is no such condition as pseudo-leukemia as a clinical entity. He first gave the definition of pseudo-leukemia as a disease that presents the same clinical aspects and symptoms as true leukemia, but not the blood picture. The disease which he thought Hodgkin's disease might be tuberculosis of the lymph glands, splenic anemia, malignant lymphoma, lympho-sarcoma and Banti's disease. All of those diseases may be distinguished by the use of the microscope.

Hodgkin's disease has a different pathology under the microscope. It differs entirely from the tuberculosis of the lymph glands, leukemia, splenic leukemia and Banti's disease. They are more easily shown in the early stages, in the mononuclear eosinophilic cell. The giant cells are very often found. The stroma becomes dense, much like scar tissue, and takes a deeper stain. In the last year I have seen many cases of enlargement of the lymphatic glands, especially of the cervical ones, which have been incorrectly diagnosed. By the aid of the microscope it was soon discovered what the trouble was. I had a case some months ago of tuberculosis of the lymphatic glands. Two of the glands were removed, and the patient promptly recovered. Five months later, however, it made its appearance again, and investigation revealed the fact that it was a case of lympho-sarcoma. The reports of cases of Hodgkin's disease are exceedingly rare in this country, and I think we ought to congratulate ourselves and thank Dr. Hughes for bringing it to our attention.

Dr. Hughes: I only want to add a few more words, and to thank Dr. Ogden for his information. I reported the case because it was something new to me. I gave the child heroic doses of Fowler's solution of arsenic, starting with the minimum dose and gradually increasing it until he took twelve drops three times a day, without any physiological manifestations. I saw him quite often, and made frequent blood examinations. I also made examinations of the sputum, because I thought the boy had tuberculosis. Dr. McCarroll, President of the County Society, brought the boy before one of our meetings at a clinic, and developed the fact that he had had measles. It was a little misleading to us all, and we should be pardoned if any error in diagnosis was made, as rather extraordinary difficulties were presented at the time, and we were not as positive as we might have been under ordinary circumstances. It may be that I did not mention that fact before.

I gave him thyroid extract the first two or three weeks that I treated him, but could not see that it did any good. I gave it because the other doctor told

me he gave it and got good results. I discontinued the thyroid extract and tried arsenic again. I gave him iron, quinine and strychnine, and also subjected him to three or four X-ray exposures, but they did not seem to benefit him any, although they were followed by reactions. It may be that they would have been effectual if instituted in time, but I believe they were given too late. The inguinal, axillary and cervical glands were swollen enormously. They were almost triple in size. His neck was larger than his head. Dr. Stone, of Little Rock, and Dr. Vernon MacCammon, of Arkansas City, saw this case, and concurred in my diagnosis. Dr. Willis, of Newport, who also saw the case, disagreed with us and pronounced the condition tubercular. I am sure that if he had had time to study the case he would not have made the diagnosis of tuberculosis. The case was interesting to me.

#### PUERPERAL ECLAMPSIA.\*

By C. M. Lutterloh, M. D., Jonesboro.

(Read by J. L. Burns, M. D.)

Puerperal eclampsia occurs once in every 330 cases of labor, and presents one of the most horrible spectacles observed in obstetric practice. It is the most formidable of all the complications to which lying-in women are liable.

The accoucher should always be on his guard and watch his obstetrical cases carefully, especially inquiring into the condition of the limbs and making examinations of the urine every two weeks. The general appearance of the patient will assist materially in the making of a diagnosis, and if albumin is found in the urine we should be constantly on the lookout for danger symptoms. Blurred vision, dizziness, intense headache, are important and prominent symptoms, the unbearable headache being almost a pathognomonic symptom. Convulsions may occur without warning in an apparently healthy woman, but usually occurs in a woman who has anasarca. The swelling may be confined to the feet and legs. There is usually a pallor of the skin that is quite striking. Such a train of symptoms should not go unnoticed or be lightly treated, for when promptly recognized, the life of a mother, a child, or both, may be saved. The convulsions differ from those in epilepsy in the succession of their appearance. The convulsion over, a condition of deep coma and stertorous respiration follow. About the beginning of consciousness another convulsion may come on, this soon to be followed by others.

The cause of the eclamptic condition is not well known. I once attended a young boy who had convulsions. He had had scarlet fever and albumin in his urine. He developed amaurosis, the duration of which was three days. During this time he was a most pitiable sight and his lamentations were most affecting. His urine was heavily loaded with albu-

min, and as the type and character of the convulsions in his case were identical with those observed in puerperal eclampsia, I concluded that the albuminuric condition produces the eclampsia. The cause in all my cases has been albuminuric. Other causes, as pressure on the uterus and anemia of the brain, have been mentioned by writers.

The diagnosis presents no difficulty, and is so unlike hysteria and epilepsy that confusion would hardly be possible. The prognosis is very grave, the life of the child being in great danger. Of ten cases which I have seen only three of the children lived, but only one mother was lost. The maternal mortality is usually stated to be 14 per cent; it was 10 per cent in my cases. Eclampsia is often accompanied by post-partum hemorrhages. It predisposes to insanity, a feature I will speak of later.

In one of my cases in which there was no dilation I put the woman on the table, administered chloroform and dilated the uterus manually until the forceps could be applied. Progress was made in the instrumental delivery until the rima pudendi was reached, when it was apparent that laceration of the rectum would be unavoidable. At this juncture I did a double episiotomy and saved the parts. The patient continued to have convulsions for two days, but not so frequently as before delivery. The intervals became longer, and by the third day they had stopped.

The treatment consisted in giving morphine hypodermically, and 10 to 16 minims of tinct. veratrum viride often enough to bring the pulse rate down to 64. I also gave calomel in five-grain doses, dry on the tongue, as she was unconscious, every two hours. This attack was followed by a condition of very low mentality, which persisted for about two weeks. She had no memory for seven days, and now, after two months have elapsed, she knows but little and acts "simple." But she is now beginning to show some improvement. She lives in constant dread of losing her mind altogether, and this fear is encouraged by her "mother-in-law" and husband, who constantly remind her of her former condition. My second case of eclampsia, which was followed by a condition of low mentality, was similar to the first, except in the latter case consciousness was regained earlier.

The point I wish to insist upon observing is that the patient should not be talked to about her previous condition, and the family should be coached along these lines. Nothing should be said or done to cause her mental worry. I had my cases to come to Jonesboro, and by suggestion alone was able to restore them to their former mental condition. I made examinations of their urine in their presence, explained it to them fully, and am glad to state that both cases have entirely recovered. By preventing the unwholesome suggestions made by relatives and near friends, and by presenting their condition to them in a reasonable way, the lying-in woman would escape these insane conditions.

\*Read in the Section on Obstetrics and Gynecology at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.



## DISCUSSION.

Dr. A. G. Dickson, Paragould: There is one point made in that paper that calls to my mind a case I saw thirty days ago; that is, that the convulsions due to albumin in the urine simulated in appearance very much those of puerperal eclampsia. About thirty days ago I was called out about forty miles to see a brother practitioner who was having hard convulsions, and they looked exactly like those I have seen many times in the puerperal stage. I could get no history to lead me to divine the cause. I obtained a specimen of the urine and made an analysis before I would give the sufferer anything. The analysis showed the urine to be almost solidly albumin, and the urine looked solid in the tube. I gave the doctor forty grains chloral hydrate, realizing that it would not be safe to give morphia. I also gave him ten grains of calomel, had that repeated in two hours, which I followed by giving an ounce of sulphate of magnesia. I gave a hypodermic injection of spartein, and left him still unconscious, as I had to go out on the first train back home. In about two weeks the doctor came up to see me, and looked as well as any man in this audience. A further analysis of his urine showed only a slight trace of albumin and a few tube casts. What the final result will be, of course, I think will be ugly. But at least there was a beautiful temporary relief. But the point I want to make is that this case looked exactly to me like the same kind of convulsions that we have in puerperal eclampsia, so I am of the opinion that these convulsions are very largely, if not entirely, due to an albuminuric condition.

Dr. Melton, Alum: I have never met with but two cases of puerperal eclampsia. As both of these cases, it seemed to me, were a little out of the ordinary, I would like to touch a little upon the details of them. My first case was a young woman in her first confinement. When I arrived she had the second convulsion on. I immediately went to work to prevent a recurrence. I gave her inhalations of chloroform and a hypodermic injection of morphia, as she was unable to take anything by the mouth. The convulsion very rapidly passed away, but in about thirty minutes she had another. I gave her a hypodermic of Norwood's tincture of veratrum viride. I sent for another physician, expecting to have to deliver immediately. Before the physician arrived she had returned to consciousness and was recovering. I put her on cannabis indica, and kept her on an absolute milk diet, and she went for three weeks and was delivered without any trouble. There was no recurrence of the trouble whatever. The child was unusually healthy, and the patient got along well.

The other case I had was a year ago last summer. During the labor the patient complained of a great deal of pain in her head. I was anticipating the condition, and gave her chloral hydrate and bromid of potassium. She progressed normally and was soon delivered. I remained with her about two hours after the baby was born. As she seemed to be getting along nicely, with good pulse and uterus well contracted and with no indications of trouble, I returned home. In fifteen minutes after my arrival I was summoned to return, and was informed that she was having convulsions. Immediately upon my arrival I gave her morphia and veratrum hypodermically, and she had no more convulsions.

E. H. Martin, M. D., Hot Springs: I wish to compliment the last speaker on being a very brave man. I don't think that many of us would have had the nerve to have carried that patient through to the normal termination of gestation. The fact is that while she came out all right it would not happen one

time in ten that she would live and bear a child without further convulsions. I think the proper thing to have done in that case, in spite of the good results obtained, would have been to have brought about premature labor. I have had the good fortune to have seen very few of these cases and I hope that I may never see another. Just when you think you have things in hand and can handle everything easily you meet a case just a little different from any other and find that you cannot. We find certain cases of eclampsia with a five or six months' pregnancy, premature labor occurs and the eclampsia stops. We jump at once to the conclusion that the condition is the cause of the eclampsia because removing the condition stops it. The very next case we see will be a woman who suffers through labor for five or six hours and afterward has eclampsia. We go to one case and find a bounding pulse and very high blood pressure and we say the blood pressure is the cause of the eclampsia. So, we reduce the blood pressure with veratrum and think that we have solved the problem. But the next case we meet is in a woman with a very soft pulse, has already been delivered, has no high blood pressure and we have to conclude that she has uremic eclampsia. I think that if we remember in the beginning that all of these are cases of uremic eclampsia, some of them made worse by high blood pressure and some by a weakened condition that we will be able to handle them more intelligently.

Normal salt solution used in cases of low blood pressure will give good results. In cases with a high blood pressure venesection should precede the hypodermoclysis; veratrum will succeed sometimes but venesection is much better. After drawing a certain amount of blood, you can replace the same amount with the salt solution, and get rid of that much urea and toxins which are causing the trouble in the centers in the cord and brain. But, I never would have the nerve to carry a case through from the sixth or seventh month, after convulsions had appeared. I would not attempt to carry it through to normal labor. For a certain proportion of these women must die and we never know which one. Numerous autopsies have shown that the women who die from puerperal eclampsia have suffered degeneration of the liver cells similar to acute yellow atrophy. When this has taken place the patient is doomed and no skill will save her. Why risk this in any case when once warned?

Dr. D. C. Walt, Little Rock: The last speaker called attention to a fact which I think well worth considering. In some cases you will find high blood pressure, which you assign as the cause of the convulsion. On the other hand, you will find in some cases low tension and an enervated condition associated with convulsions. I do not think there is anything to be compared to veratrum in the treatment of eclampsia, especially puerperal eclampsia. At the same time I recognize the fact that the nerve power must be considered and should be held up to the point that is necessary. Strychnine is usually the best drug for that purpose. But by all means eliminate. It is usually the retained waste in the circulation that is the main factor, and if we will open up all the emunctories, at the same time hold up the nerve power, we will get decided results in the majority of cases, even in those that seem to be extremely dangerous. We must recognize the various factors and give each the care it deserves. There is no eliminant better than sulphate of magnesia—internally, externally and eternally.

Dr. L. H. Hall, Pocahtontas: Dr. Hughes and I had a case of albuminuric retinitis, with puerperal convulsions, last summer. The patient had about twenty-five convulsions before we reached her home.

We at once put her on the table and made a forceps delivery. In two or three days she became totally blind, and remained so for two weeks. It was the only case I had ever seen, and was of much interest to me. We gave her strychnin, calomel, jalap and iron for a week, when her sight began to return, which soon became normal.

Dr. Henry Thibault, Scott: It has always been a matter of amazement to me that whenever a paper is read on a subject the etiology of which no one is certain about, and the treatment of which every one is in doubt, it always evokes more discussion and gives rise to more dogmatic statements than any other subject that can be brought before a medical society. Therefore I am not going to say anything about the etiology and treatment. This condition though, of toxicemic amaurosis, was brought to my attention very forcibly in January, 1903, by seeing two cases in two weeks, neither of which was mine. In one case it did not come on until after the woman was delivered with forceps. She was comatose for about twenty-four hours, and vision was greatly reduced. She got so she could understand what you would say to her, and became rational. In the other case the blindness came on gradually. Vision was reduced to where she could locate the windows in her room only by the light. She could tell if a person passed between her and the window by the diminution in the light, and this was the extent of her vision. She remained in this condition for thirty-six hours, and recovered when her vision was regained. Three weeks later she was delivered of a healthy child, had no more untoward symptoms, and has since borne two or three children.

In regard to the remarks of the first gentleman who discussed this paper, about finding albumin in the urine, I would like to relate a little experience. I was called to see a girl about 18 years old, in consultation with another physician. He said: "Doctor, I expect this girl is pregnant. She has puerperal convulsions." I could not satisfy my mind that she was pregnant. I didn't see anything to indicate that she stood any chance of being pregnant. He examined the urine and found a great deal of albumin in it. He said: "She has got albuminuria; she has got uremia; she will probably die." She did die. In looking around for evidence I found a little scrap of paper under her pillow about as big as my two fingers, on which were written these words: "Doctor, it is no use; I have taken six grains of strychnin."

Dr. J. L. Burns, Jonesboro: I have nothing to say more than to emphasize the treatment. I believe veratrum is just about as common a treatment for puerperal eclampsia as calomel and quinine for malaria. I will relate a case I had of my own to illustrate the efficacy of veratrum. It was her first confinement, seven months' pregnancy, and she was in a convulsion when I was called. I gave her one-half grain of morphine and ten or fifteen drops of veratrum until I reduced her pulse to about 60. She got along so nicely, and had no more symptoms of convulsions, that I let her go for about thirty days, after which time I was called again. She had one or two convulsions before I arrived and was having labor. I gave her veratrum and morphine again, and at the same time administered chloroform until I could get the effect of the veratrum and morphine, when I proceeded to dilate. I kept her under the chloroform while dilating, and in an hour the os was well dilated. I applied the forceps and delivered her of two healthy children. I watched her for the next forty-eight hours and kept her under the influence of veratrum, which was the only treatment I gave her. She got along well and had a nice recovery.

## REPORT OF CASES OF PROGRESSIVE PNEUMONIA.\*

By J. M. Stephens, M. D., Clover Bend.

My object for reporting these cases of progressive, or migratory, pneumonia is not for the purpose of eliciting your commendation, but to draw forth from you just criticism. If I was perfect in the science and art of medicine, I could gain nothing by reporting these cases, and I shall only report those which succumbed; therefore I shall expect criticism.

Progressive pneumonia, better known as migratory or creeping pneumonia, is a form which successively involves one lobe after another. The etiology and symptomatology are too well known to discuss here, so I shall content myself by reporting the following illustrative cases:

Case No. 1. Infant. The mother, Mrs. H. H. primipara, aet. 20, health good excepting a slight coryza for a few days preceding confinement, was in labor about six hours. The child was well developed and of average size. For several hours its respiration was shallow and difficult, and hot and cold applications were employed to stimulate breathing. Several hours later I made a careful examination of the lungs, and found complete consolidation of the lower left lobe, which progressed very rapidly over the whole of both lungs. The temperature was high and cerebral symptoms were present. The child succumbed in forty-eight hours. The treatment was symptomatic.

Case No. 2. W. S., male, aet. 40, farmer, previous health good. I was called on February 22, and found him with a temperature of 102° F., pulse 120, tongue dry and coated, bowels tympanitic, urine scant and high colored, spleen and liver enlarged. The lower lobe of the right lung was completely consolidated, and he presented a very anxious and death-like appearance.

Treatment: A cotton jacket was put over the entire chest; counter-irritation over the liver and spleen; one grain of calomel was given every hour till five grains were given; saline and turpentine stupes were put over the abdomen; one-eighth of a grain of strychnine sulphate every four hours. For the kidneys I gave the following every three hours until free diuresis was established: Oil of turpentine, 10 minims; acetate of potash, 10 grains, spirits of nitrous ether, 10 minims, and 15 minims of tincture of ipecac. February 23: General appearance better; expression not so anxious. The entire right lung was consolidated. Pulse, 120; respiration, 55; temperature, 101° F. The tongue was more moist and the kidneys were acting fairly well. The liver was not so tender and had reduced some in size. The bowels were not so tympanitic.

\*Read in the Section on Practice at the Thirty-second Annual Session of the Arkansas Medical Society, held at Little Rock, May, 1908.



February 24: Condition about the same as on the previous day. Another dose of calomel was given, followed by phosphate of sodium, the latter to be given every six hours, to keep the bowels acting freely. Creosote (beechwood) was also given.

February 25: Condition worse than on previous day. The pulse had increased to 160 per minute and the respirations to 65. The tongue was dry and parched, the bowels tympanitic. Mucous rales were heard over the entire left lung. Strychnia was increased to one-thirtieth of a grain. Ten minims of dilute hydrochloric acid were given every four hours. Death occurred about 8 o'clock p. m.

Case No. 3. Mrs. C., aet. 86, previous health not good. She was taken with a chill on March 8, and when I saw her on the 9th her temperature was 103° F.; pulse, 122. The spleen and liver were enlarged and tender; tongue dry and coated; frontal headache. Bowels were acting normally. She complained of a severe pain over the right lung, and examination showed the lower lobe to be consolidated.

Treatment: I gave her one-tenth of a grain of calomel every hour until her bowels moved freely; five grains of chloride of ammonium and three grains of sulphate of quinine every three hours. Counter-irritation was applied over the liver and the affected portion of the lung.

The following day she was apparently better. The pain was not so severe; pulse, 105 per minute and strong; temperature, 100° F.; cough, loose. The liver and spleen were in better condition, the kidneys and bowels were acting freely, and she wanted to eat. I left her and instructed the family to report her condition to me daily, but they neglected to do so. Four days later I was called again and found mucous rales over the entire right lung and a congested condition of the left lung. Pulse, 150 per minute; temperature, 98° F. Her tongue was dry and coated, emunctories inactive, and the bowels very tympanitic.

Treatment: Ten grains of chloride of ammonium, one minim of tincture of iodine, five minims of oil of turpentine, and essence of pepsin, every four hours. Every two hours I gave ten minims each of the tincture of digitalis and tincture of nux vomica. Whisky was given at intervals as indicated. Turpentine stupes were applied to the abdomen. Castor oil was given to keep the bowels open. To promote the action of the kidneys, the following was given at two-hour intervals: Ten grains of acetate of potash, ten minims of spirits of nitrous ether and ten minims of tincture of ipecac. A cotton jacket was applied over the chest. On my visit the following day I found mucous rales over both lungs. The emunctories were not acting, excepting the skin, which was acting freely. The pulse was weak and thready, and death was depicted on her countenance. She died at 11 o'clock a. m. Could she have been saved by other treatment?

## A CASE OF CANCER OF THE ESOPHAGUS.\*

By Anderson Watkins, M. D., Little Rock.

Primary tumors of the esophagus are not very common, though Cheyne and Burghard assign cancer as the most frequent cause of strictures. Notwithstanding the eminence of such authority this statement is debatable. In the personal experience of not a few, traumatic strictures are more frequent than obstruction by a growth. However this may be, carcinoma, as already stated, is the most usual form of tumor, the most common type being the squamous-celled. Thus Hekton reports one glandular cancer approximating the scirrhus. The following case of a primary carcinoma simplex of the esophagus with metastasis in the mesenteric lymph nodes is deemed of sufficient interest to report.

The patient was a white man age forty-seven, a shoemaker of German parentage. He has two sisters and one brother living. His mother died of tuberculosis. There is no family history of cancer. The patient says he contracted syphilis twenty years ago and that he drinks considerable beer and whisky. Eight months previous to examination he began to vomit his food. There had been no prior injury or inflammation of the esophagus. He has grown progressively worse ever since, having probably lost fifty pounds in weight.

He now complains of extreme weakness, loss of weight, pain in the epigastrium and total inability to retain water or food, which is due, in part, to inanition and in part to a cachexia. The skin is dry and sallow, tongue coated; the temperature 98° F., pulse 30, regular, small and weak. The heart and lungs reveal no abnormality. There is no tumor in the upper abdomen which is scaphoid. A movable, pear-shaped swelling in the right iliac region disappeared after the use of a purgative. Sounding the esophagus revealed a complete obstruction about midway its length. Very little, if any, water could be gotten into the stomach. Solids or liquids were regurgitated within three to fifteen minutes after swallowing. Warm water was retained longer than cold. In short, I do not believe any kind of substance swallowed ever reached the stomach after the patient had attained his then condition. Examination of the vomitus revealed an organism very much resembling the Boas-Oppler bacillus. There was never found any trace of blood. The urine was negative. The blood did not show an anemia, probably owing to diminution of fluid. The hemoglobin was below normal.

The patient was placed upon rectal feeding for nearly three weeks and seemed to improve in strength. Realizing the probability of cancer but hoping for a benign obstruction, a Witzel gastrotomy was done at the expiration of the period

\*Read before the Third Annual Session of the Southwestern Medical Association, held at Kansas City, November, 1908.

mentioned above. During the operation the stomach and adjacent organs were explored. Nothing abnormal could be detected except two or three enlarged mesenteric glands behind the stomach. In the latter organ the color, size, and orifices were normal.

Apparently reaction from the operation was good. The next day the patient got out of bed, but was quickly put back again. He looked and said that he felt very well. There seemed to be entire recovery from operative shock which was slight. The second day after the operation the pulse began to increase in rapidity and decrease in strength; the patient, who was sitting up in bed, contrary to orders, suddenly pitched forward, dead, within about fifty hours after the operation.

At autopsy we did not find in the heart or lungs, or in any of the organs, except the esophagus, a lesion sufficient to have caused the death. The stomach and abdominal wound were in good condition, with no sign of sepsis. As indicated by the previous statement no thrombosis was perceptible. In the esophagus, on a level with the aortic arch, was a tumor a little larger than a walnut and entirely occluding the lumen. The growth sprang from the posterior wall and projected into and filled the interior, being adherent to the entire inner circumference at that level. The tumor and one of the enlarged mesenteric glands were removed for further examination. Numerous adhesions to the esophageal canal had to be stripped off for the removal of the former.

The case presents one or two interesting features. A diagnostic point is the absence of any history of inflammation or trauma of the esophagus. Another feature was the lack of dilatation in the esophagus. The rapid regurgitation of food and lack of the ordinary findings in the vomitus of gastric cancer, combined with the location of the obstruction by the bougie rendered the diagnosis rather conclusive. The direction of the growth of the carcinoma is worthy of note. There was no involvement of any of the surrounding tissues and even in the esophagus the infiltration was limited to the base of the tumor, which itself projected into the lumen somewhat after the manner of a benign growth. The cancer is of a somewhat infrequent type in this region, a carcinoma simplex with well-defined and equalized parenchyma and stroma. The metastasis into a mesenteric lymph node was also noteworthy.

The most interesting question clinically is the cause of death. So far as could be judged there was good recovery from the operation which was so simple as to involve no great degree of shock. There was no evidence of thrombosis or embolism. The heart and lungs as well as kidneys, were in good condition. Nothing pointed to a cerebral cause. No infection or inflammation was visible about the operation wound. The most plausible cause lies in the situation of the tumor in the

esophagus at the level of the aortic arch, pressing upon the vagus. Before death, the cardiac symptoms resulting from vagus fatigue set in, namely, a rapid and weak heart. Death occurred suddenly and evidently from a cardiac factor. Taking into consideration all the facts, I believe that the situation and pressure of the cancer upon the pneumogastric was the immediate cause of death.

The Specimens: One is a piece of tissue about the size of a walnut, apparently encapsulated except at one end (the base) and of a light reddish color externally. The consistency is firm. On cutting transversely the interior color is faintly pink. The cut surface seems to be composed of considerable fibrous tissue with numerous small areas of softer material, the whole bearing a good resemblance to a glandular tumor. There is little vascularity.

Microscopically the celloidin section shows quite a bit of fibrous stroma throughout, though parenchyma predominates. There is not a well-defined capsule; parts of the edges show fibrous adhesions. The stroma is ordinary connective tissue, scattered through which are numerous small areas of mucoid degeneration. Blood vessels are few and their thick walls show a hyaline degeneration. The lymph spaces are almost entirely occupied by tumor cells.

The parenchyma, as stated above, occupies over one-half the section. It is composed of spheroidal epithelium arranged in alveoli and cords without intercellular connective tissue. There is considerable infiltration of tumor cells from the alveoli into the stroma. There is some central degeneration of the epithelial plugs, with karyorrhexis and even karyolysis. Mitotic figures are fairly numerous. The lymph gland exhibits a metastasis of the same nature and arrangement as in the primary tumor. More tumor cells are found in the sinus than in the follicles. The tumor is a simple carcinoma which is now growing rather fast, but has shown remarkably little infiltration into the surrounding structures.

## TOXEMIA OF PREGNANCY.\*

By Errett C. Myers, A. M., M. D., Fort Smith.

In presenting this paper for your consideration I am fully aware that the conditions which I will refer to as manifestations of toxemia have been the subject of many theories and of many differences of opinion.

Conditions and diseases which at one time were thought to be of widely different origin are now thought to depend upon a common cause. I refer particularly to those conditions which, in their milder manifestations, we recognize as trivial ailments, including morning sickness, some vomiting, headache, and constipation, but which in the

\*Read before the Sebastian County Medical Society, February, 1909.



more serious forms result in the pernicious and uncontrollable vomiting of pregnancy, eclampsia, and occasionally acute yellow atrophy of the liver.

Edgar, in his recent work, claims that, so far as known, he is the first one to deal with the subject in a systematic way, so as to admit of a statement of the etiology, pathology, symptomatology, clinical varieties, course and determination, diagnosis, prognosis, prophylaxis, and treatment. I will not attempt to follow in this paper the outline here laid down, but will review the subject in my own way.

The anatomical changes found to exist in these diseases justify the conclusion that there is a special toxemia of pregnancy which is very closely associated with its pathology. So far, the most apparent changes are those which are observed in the liver, spleen and kidneys, and to a less degree at times in the thyroid and parathyroid glands. This may amount only to a hyperemia in some cases; in others, there is a steatosis, or fatty infiltration; while in others there are degenerative and necrotic changes in the cells of these organs. These changes are somewhat proportionate to the symptoms produced and to the gravity of the disease.

As these organs are essentially synthetic and eliminative, and the substances eliminated are known to be poisons which have a definite action, and which will produce death when injected into animals, we have a right to assume that when the functional activity of these organs is impaired, a certain amount of these poisons is retained in the system and we have the evidences of toxemia.

In the ideally healthful individual there is an equilibrium between the substances utilized by the cells, and necessary to cell nutrition, and those substances cast off as waste products in this process. This equilibrium can only be maintained through the integrity of these eliminative organs, and their failure is to that extent a departure from the normal standard of health.

With the exception of the carbon-dioxid, the most of these poisons have to be eliminated by the bowels and kidneys. Among

these substances are the nitrogen compounds formed by the synthetic action of the liver and eliminated by the kidneys. Of these, urea and uric acid are most spoken of, but they are probably not more poisonous than some of the other substances the chemistry of which is not so well understood. Indeed, it would seem that urea is the most important end-product, because of its special diuretic action upon the epithelial cells of the kidneys.

If the experiments of Bouchard and others are correct, the urine contains several substances of marked toxic effect. Among these are an emetic substance, a narcotic substance, a convulsive substance, and others of less importance. Is it not possible that, under certain conditions, the kidneys may offer resistance to some of these poisons, and thus cause their retention in excess, with their special toxic effect manifested by vomiting, convulsions or coma, as the case may be? Be that as it may, the point I want to bring out is, that in the majority of these cases of toxemia there is more or less impairment of kidney function, and I do not believe that they are all primary nephritic toxemias. We are dealing with a vicious circle.

But even to originate a circle we must have a starting point, and so we assume that toxemia of pregnancy is due to some perversion of metabolism. The next step, however, is not so easy, when we attempt to classify the different manifestations of toxemia, based upon the organ most seriously involved. One of the difficulties is that we do not know the exact nature of the ordinary chemical and physiological changes that are going on in the body, and are forced to consider points of etiology that are as yet extremely indefinite.

We may ask, "Why does pregnancy produce these conditions?" My answer would be, "I do not believe that pregnancy in itself does produce toxemia. It is simply the last segment in the vicious circle."

In some of these cases there is a neurotic inheritance; in others there is a gouty and rheumatic ancestry, with histories of liver and kidney troubles. In many of these cases the cause need not be searched for back of the individual herself. She may have been the

victim of our so-called over-civilization, and subjected to those nervous and mental influences that are fast producing a type of woman unfit to bear the burdens of maternity.

In other cases pregnancy has occurred too frequently, either during lactation or closely following an abortion in which there was septic infection. And then there are household cares, improper food, insufficient outdoor exercise, and many troubles and responsibilities which we know not of but which impair the nervous system and lower the vitality. These things bring about disturbed metabolism and functional inactivity, with the retention of those poisons which should be eliminated.

If, for instance, the liver, in its synthetic function, fails to change those substances which come to it through the portal circulation into urea and certain other nitrogenous end-products, we soon have impaired renal function, with retention of poisons.

If, then, the kidneys should act as barrier to any one of the toxic substances which I have mentioned, whether it be the emetic substance, the convulsive substance, or the narcotic substance, we would expect to have the manifestations of these poisons named—vomiting, convulsions, or coma, as the case may be—conditions which we all recognize as the most serious we have to contend with during the pregnant state.

But we are not prepared to say that pregnancy is the primary cause of the disturbances mentioned, because we have the same toxic symptoms in uremia. However, it may be the one important factor necessary to bring about these toxic manifestations in those cases where a toxic state already exists. Hepatic insufficiency may be so great as to prevent the liver from acting as a proper barrier to those poisons generated by the putrefactive and fermentative changes constantly going on in the intestinal tract, and still such a manifestation of disturbed metabolism may be only an expression of the weakest point in that individual, and be caused primarily by a single form of toxemia originating in some per-

verted function of placental or syncytial tissue.

The placenta performs the complex function of lungs, liver and nutritive organ for the fœtus. According to A. Dienst, the physiological demands of pregnancy induce hyperleucocytosis, with the consequent destruction of leucocytes, and this destruction largely takes place in the placenta, liberating fibrinogen and fibrin-ferment. Under certain conditions the liver is unable to neutralize the excess, and there is over-accumulation of fibrinogen and fibrin-ferment in the blood, a vicious circle is formed, and pregnancy kidney dropsy and eclampsia are liable to follow.

We have then a toxic state, regardless of whether it is due to inherent weakness of the organs involved, or whether it is due to overpowering them with excessive work, on account of increased metabolism because of fœtal growth and uterine enlargement, where the system was already suffering from, or bordering on, a toxic state.

These conclusions are justified in the light of present knowledge, and we may reject for the most part past theories that have been held in explanation of the gastric and cerebral symptoms which often assume such gravity during the pregnant state; and, instead of attributing them to lesions in the brain, the chord, or the stomach, or to an endo-metritis, a rigid cervix, or an enlarged uterus, they may be looked upon as reflex, or secondary factors, the prime cause being auto-intoxication with faulty elimination.

I realize that it would be a step forward if we can make some classification based upon apparent causes, even though they should prove to be secondary, with the view of having clearly in mind the proper methods of relief, and of deciding when pregnancy should be terminated, if necessary. This classification might be made quite large, but I prefer in this paper to consider a few of the most important manifestations, in the order of their frequency, their severity and danger to life, from the least to the greatest.

First of these I would mention intestinal disturbances. This is the simplest and most common form of all toxemias. Fully 50 per



cent of pregnant women suffer from it in some form. It may be said that there are two usual conditions in primary intestinal toxemia. One is due to constipation and absorption of poisons, and the other is due to indigestion, with fermentative and putrefactive changes of the food and generation of poisons and their absorption. This may result in only the milder disturbances of nausea, vomiting, headache, etc., or it may produce persistent vomiting, and even convulsions.

Under the next head I would mention kidney disturbances. Primary kidney toxemias are not so frequent as are the secondary forms which come on later in the toxemias of intestinal origin or in other toxemias. A pregnant woman, with pre-existing kidney lesion gives cause for grave anxiety. In either form there is timely warning in the urine, and if she fails to respond to treatment a careful physician is not likely to allow her to proceed to convulsions.

**LIVER TOXEMIAS.**—In dealing with this phase of the subject I will take the liberty of quoting a few lines from a recent article of Collin Foulkrod, of Jefferson Medical College, Philadelphia:

“Primary liver toxemia is a most insidious disease, so far as symptomatology goes; only late in the toxemia do we find a nephritis. \* \* \* The diagnosis of the liver conditions may be arrived at by interrogating the patient and excluding all other sources as a cause for the symptoms; then examine the excretions.

“If one gets a basis, or starting point, repeated careful examinations will certainly show some changes for the worse; the condition of the patient, together with the readings, is sufficient evidence for definite treatment.

“Repeated studies have demonstrated that to aid the diagnosis it is necessary to study the urine, not only for albumin and casts, but also to estimate the total daily output of nitrogen, to divide this nitrogen into its sources—urea nitrogen, ammonia nitrogen, purin nitrogen, or uric acid creatinin nitrogen, and ammonia-acid nitrogen.

“Repeated examinations \* \* \* lead to the conclusion that in the most serious forms of toxemia there is to be noted perhaps only a decrease in the daily quantity of urine, then perhaps an added decrease in the total daily output of nitrogen in the urine; that is, if the patient is on a milk diet.

“Then, with the persistence of the toxemia, changes in the ratio of the different nitrogens occur, usually a decrease of urea-nitrogen and an increase of ammonia-nitrogen or of ammonia-acid nitrogen, or of both. Any decided increase or persisting increase in the ammonia-nitrogen or in the rest-nitrogen is an indication of serious, irreparable changes going on in the liver, and the presence of such low nitrogen output and persisting increase of these nitrogens at the expense of urea should lead to the induction of labor, irrespective of albumin and casts.”

This is, no doubt, a correct presentation of the subject, even though it should be found that these changes are secondary and that the prime cause is a single form of toxemia due to some vice in foetus, or placental tissue, added to a toxemia from perversion of metabolism. This would furnish a plausible explanation of the relief afforded from termination of pregnancy.

**TREATMENT.**—Briefly, the treatment has been suggested. It may be embraced under three heads—elimination, dilution of the toxins in the blood, and termination of pregnancy.

The human system may be likened to a furnace. It must have proper fuel, sufficient draft, and be kept free from clinkers and ashes to get the best results. So the body must have proper fuel, abundance of oxygen, and be cleaned of its own ashes if its fires are not to be smothered out.

The first important suggestion, then, is to clean out the furnace; and the second is to keep it clean and give it fuel that will not make so many ashes—that is, less nitrogenous food. Milk is the best diet in these cases. Use such eliminative remedies as you are most familiar with. Calomel, followed by a saline laxative, or enema, and intestinal antiseptics if required. Dry heat, steaming, hot packs.

blood-letting and blood dilution with salt solution, veratrum viride, chloral by enema, chloroform, etc., may each be useful at times, according to the gravity of the situation.

The question of terminating pregnancy has always been a delicate one in the profession, and yet it is one about which we should have some positive convictions. In a recent paper read before this society this question was discussed in so far as it relates to eclampsia. I will therefore refer to it more particularly in its application to the relief of uncontrollable vomiting. If we refer to some of our older authors we find that they divided vomiting of pregnancy into three stages, with the explanation that the first and second stages glided the one into the other almost imperceptibly, and it was recommended to sit with folded hands until the second stage was reached, described as follows: "Incessant vomiting of all ingesta, even a small quantity of water; marked feebleness and emaciation preventing the patient from making the slightest exertion; attacks of syncope following the least movement or excitement; profound alteration of the features; marked continued fever; extreme acidity of the breath." In past years it was my misfortune on a few occasions to complete this picture. It is the removal of a fœtus from a dying woman. The parched throat, dry, red tongue, sordes on the teeth, fetid breath, delirium, coma, and death completed the scene. Gentlemen, if you wait for this stage you have rested on your rights, and instead of offering the patient better than a 90 per cent chance by prompt action you are giving her less than a 50 per cent chance.

If, after a thorough trial of eliminative treatment, intestinal irrigation, rectal feeding and blood dilution, you are unable to relieve the patient of her vomiting, it is time to interrupt pregnancy, before extreme exhaustion and inanition fever set in.

The method of interference must be determined in each individual case. Personally, I think that in the majority of cases the prompt manual and mechanical dilation, with the complete removal of the uterine contents and packing, is preferable, because of the prompt relief, less danger of infection, and the sum

total of exhaustion and shock being no greater than in the slower methods.

I have found it impossible within the limitations of a paper suitable for this occasion to cover the subject fully; or even to refer to many of its important phases. Many of these questions are as yet in an experimental stage and only partially solved. Their solution involves the determination as to whether or not there is primarily a single toxic substance, or more than one. Also, the relation of excessive blood fibrin in these cases, a better understanding of the chemical properties of toxins, and of such affinitive substances as can be used to neutralize these poisons or make them acceptable to the glandular structures of the body to be elaborated into benevolent excretory products. I have infringed upon established custom in this paper, and will continue to do so by closing it with a few words about prophylaxis.

PROPHYLAXIS.—I am well aware that prophylaxis is the most important phase of this subject, and at the same time the most difficult to carry out. Pregnancy has for so long a time been looked upon as a natural and physiological process, so unavoidable, so necessary and so common, that we as obstetricians have neglected our duties and responsibilities to a certain degree, and have failed to educate the expectant mother as fully as should be done, to the advantage of being under the strict observation and care of her physician during the period of her pregnancy. This does not mean that the physician should be constantly making calls at her home during this period, but he should take sufficient interest in her case to warn her of some of the danger signals, and arrange for proper urinalysis at regular intervals or as often as may seem necessary. The data furnished by our maternity and lying-in hospitals indicate a comparatively small amount of toxemia because of the intelligent care given to these patients.

We look upon the serious manifestations of toxemia as preventable in most cases. But who is to prevent these conditions if not the physician, and how is he to do it if he has never warned his patient of any of the dan-



gers, or explained the reason why more painstaking care on the part of the physician is advantageous to her?

It is not a pleasant task to criticize our own faults or confess our shortcomings, but I know of no way to correct error unless we can see it. I know that when we suggest any change from established custom we are apt to be confronted with opposition. We have all been educated in the same school, subjected to the same environment, and influenced by the same customs and traditions. Any effort to depart from these is liable to be misconstrued by those who feel more secure in following a beaten path.

Just so sure as the day is about passed when the methods of the dirty-handed midwife will be longer tolerated, we are with equal certainty called upon to meet the demands of modern civilization by educating the mother to the necessity of hygienic and prophylactic measures as a safeguard to herself and a most efficient aid to the competent physician engaged in obstetric practice. Prophylaxis can not be successfully carried out if we neglect this and only make a memorandum of the place and date of expected confinement, and give the matter no further attention until perhaps we are called to the fatal day of labor.

Who among you have not had this very experience with eclampsia, to arrive and find that a storm is about to burst in all its fury and carry a frail bark down amid unseen breakers because proper measures of precaution had not been taken? There is no hope except through heroic effort and desperate methods. Prophylaxis, then, is the sheet-anchor if we expect to avert the most serious manifestations of toxemia of pregnancy.

**SUMMARY.**—In the light of investigations and experiments made up to the present time we may be justified in summarizing as follows:

1. There is a special toxemia of pregnancy, but the exact nature of the toxic substance or substances is not known.

2. The theory is tenable that it may be due primarily to some vice of placental or syncytial tissue.

3. The pathological changes are, primarily, necrosis of the periphery of the liver lobules in eclampsia, with secondary changes in the kidneys and brain, while in pernicious vomiting the necrosis is more marked in the center of the lobules, as in acute atrophy of the liver.

4. Laboratory findings are of value in determining the question of treatment or termination of pregnancy, and the quantitative analysis of the nitrogen output is more important than searching for casts or albumin.

5. In eclampsia, with soft, dilated cervix, empty the uterus at once. With rigid, undilated cervix, be governed by the clinical picture in each case. If critical, forcibly dilate and empty the uterus, or, under strict asepsis, perform Cæsarian section.

6. In pernicious vomiting the time to terminate pregnancy must be determined by the laboratory analysis, if available, by the progressive emaciation and the first indication of exhaustion fever.

I may conclude as follows: While careful urinalysis is an important aid, still such examinations take but the place of all laboratory reports, and any decision as to therapeutic measures or the termination of pregnancy must be based upon the condition of the individual patient. And, while we should never be eager to do this, we must keep in mind the possible necessity of terminating pregnancy.

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**LOCATION FOR SALE.**—Good location in town of 1,000 population on the main line of railroad in Southern Arkansas. Good residence property and drug store can be bought for \$2,000.00. Address, Journal of the Arkansas Medical Society.

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# THE JOURNAL

OF THE

## Arkansas Medical Society

Owned and controlled by the Arkansas Medical Society and published under the direction of the Council on the fifteenth of each month.

Edited by

**MORGAN SMITH, M. D.**

**Secretary Arkansas Medical Society**

108 Louisiana Street, Little Rock, to whom all business communications should be addressed.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon application.

### CHANGE OF ADDRESS.

Change of address will be made if the old as well as the new address be given.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### THE THIRTY-THIRD ANNUAL MEETING.

When it was definitely settled that the Thirty-third Annual Session of the State Society would be held at Pine Bluff, the members of the local profession and citizens of that place immediately began to make arrangements for the accommodation and entertainment of the anticipated large number who would be attracted by this meeting. Now, more than a month in advance of the date of meeting, the Chairman of the Committee on Arrangements writes that every detail of the program has been completed, and that nothing now remains to be done but to extend the glad hand of welcome to all who make their way thither on the 18th of next month.

Twenty years ago the Society met at Pine Bluff under the presidency of Dr. Edwin Bentley, of Little Rock. At this meeting there were not over sixty members present, and the entire membership of the Society was only 187.

Many changes have come about since '89. Each year for the following fifteen years the Society met, deliberated and adjourned, with no apparent increase in interest and with but small increase in membership. But in 1903, under the national plan of reorganization, there was such a rehabilitation and professional awakening that almost magically the membership sprang to the one thousand mark, below which it has not since fallen. Praise should not be withheld, however, from those splendid characters who nursed the Society and the interests of organized medicine all those years. Their labors made possible the magnificent plan under which the modern society now operates. We are enjoying the fruits of their wisdom and sacrifices.

Twenty years ago Pine Bluff was but little more than an overgrown town. Now it is the largest city in the State, *i. e.*, basing its population upon the high ideals, energy, zeal, civic pride and open hospitality of its citizens. Upon such an estimate it would be impossible to throw a strain upon its capacity to entertain, and there would be room to spare should every one of the 1,000 members of the Society attend this meeting.

The Jefferson County Medical Society makes a special appeal to every member to be present and partake of the many pleasant entertainments provided and to enjoy the benefits of professional intercourse which this meeting promises.

### PROVISIONAL PROGRAM OF THE PINE BLUFF MEETING.

In another place will be found the provisional program of the Thirty-third Annual Session of the Arkansas Medical Society, to be held at Pine Bluff, May 18, 19, 20 and 21, 1909. At this time it is not possible to make a sectional classification of the papers, but the May number will contain this feature. The printed programs will go in the mail on the 5th of May, each member of the Society receiving one.

The general meetings will be held in the Y. M. C. A. Auditorium, Fifth avenue and Main street. The Registration Bureau will be lo-



cated in the Directors' Room, on the right of the main entrance, and members are requested to apply here for tickets, cards, invitations, information, etc.

The meeting of the Arkansas Association for the Relief and Control of Tuberculosis will be held in the First Methodist Church, Sixth avenue and Main street.

The annual banquet given by the Jefferson County Medical Society, complimentary to its visitors, will be held in the Bluff City Hall.

All railroads in the State will make a rate of fare and one-third, certificate plan.

The Jefferson Hotel has been selected as Headquarters, and an Information and Registration Bureau will be located in the parlors on the second floor.

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#### LOUISIANA SENDS A FRATERNAL DELEGATE.

The Secretary has received from Dr. E. M. Hummel, Secretary of the Louisiana State Medical Society, notice of the appointment of Dr. Thomas Regan, of Ruston, as Fraternal Delegate to our State Meeting in May. This friendly and fraternal act of our sister society meets with our warmest approbation, and we can assure Dr. Regan and his society that his welcome will be genuine and warm, and every opportunity will be afforded him to enjoy himself while he makes a study of our methods and forms acquaintance with our members. Although our pretty neighbor has been the first to make amorous glances at us, we promise not to be the slowest in the race for her affections and good graces.

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#### REDUCED RATE TO PINE BLUFF.

All railroads in Arkansas have agreed to a reduced rate on account of the Pine Bluff meeting, and in order to avoid any trouble or annoyance the purchaser of a ticket should observe the following instructions:

Under the method usually observed in the certificate plan business, the passenger pays full fare for the going trip, and if all condi-

tions are complied with a reduced rate is granted on the return trip (by route traversed on going trip) to original starting point within authorized territory. Where the journey is made over more than one line it is usually necessary for the passenger to purchase separate local ticket of each road's issue, between points traveled thereon, and procure certificate thereof for each of the lines in this territory over which he travels in going to the meeting, as through tickets are not always sold and it is not always practicable for the various lines to honor each other's certificates. Passengers should therefore ascertain from the ticket agent what portion of their journey can be covered by certificate obtainable from him, and procure certificate filled out to correspond with the tickets purchased.

Certificates showing the purchase of tickets not earlier than three days prior to the date announced as the opening date of the meeting, or which show the purchase of tickets during the first three days of the meeting, may be honored if presented not later than three days after the date announced as the closing date of the meeting, Sunday not to be counted as a day in any case.

All agents have standing instructions to furnish this certificate or fare receipt at any time request is made for same, and if delegates understand that they must request these certificates, much trouble and disappointment will be saved, and that these certificates must be turned over to the Secretary as soon as possible in order that the required number may be presented to the joint agent. Failure to procure or present certificate invalidates claim for reduction in return fare.

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**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

## Communications.

### AN APPEAL FROM PRESIDENT CLEGG.

SILOAM SPRINGS, April 1, 1909.

*To the Members of the Arkansas Medical Society:*

It is more incumbent now upon every doctor who has the welfare of his profession at heart, or who values his own individual prosperity, to take an interest in medical organization than it has ever been in the past. The profession of medicine is menaced with powerful enemies who are attacking progress at every turn and blocking the advance of knowledge at every step. It becomes the duty now, as it was formerly the privilege, of every member of the profession to ally himself with a medical society and in maintaining the dignity and worth of his calling.

Medical organization has accomplished much in the past. There was a time when any "yahoo" could buy a pair of pillbags, locate at some country crossroads, pose as a doctor, and if he had acquired the art of getting drunk every few days become the "Big Ike" of the community, and draw his patients from far and near.

"There was a time when we beheld the Quack,  
On public stage, the licensed trade attack;  
He made his labored speech with poor parade,  
And then a laughing zany lent him aid."

This condition, happily, has been relegated to oblivion.

"But now our Quacks are gamesters, and they play  
With craft and skill to ruin and betray;  
With monstrous promise they delude the mind,  
And thrive on all that tortures human-kind."

Besides the different fads, cults and superstitions—the devotees of which represent atavistic reversions—there are powerful organized enemies who are sowing this fair land with misleading literature, detrimental not only to the physician, but to humanity as well. I refer especially to the anti-vivisectionists and the patent medicine organizations. In the face of their machinations no physician should halt or turn back.

The Thirty-third Annual Session of the Arkansas Medical Society will be held at

Pine Bluff May 18, 19, 20 and 21. The time is fast approaching, and I hope that every doctor in the State who can do so will attend this meeting. You owe a duty to your patients, your profession and yourself, and you can fulfill all three by attending this meeting. You will get four days of delightful recreation such as you can enjoy in no other manner, and you will go back to your home a better physician and a happier man. Questions and issues of grave importance will come before this meeting. We need your experience and wisdom to assist in their satisfactory solution. May we not reasonably expect this meeting to be the greatest in every respect in the history of the society?

Yours obediently,

JOSEPH T. CLEGG, M. D.,  
*President.*

### New Officers of Component Societies.

Boone County—President, R. S. Crebs, M. D., Olvey; Secretary, J. L. Sims, M. D., Harrison.

St. Francis County—President, L. H. Merritt, M. D., Forrest City; Secretary, J. A. Bogart, M. D., Forrest City.

Arkansas County—President, L. H. Morehead, Stuttgart; Secretary, E. H. Winkler, M. D., DeWitt.

Hot Spring County—President, W. A. Carroll, M. D., Saginaw; Secretary, R. N. Donnell, M. D., Malvern.

Lawrence County—President, J. C. Land, M. D., Walnut Ridge; Secretary, H. R. McCarroll, Walnut Ridge.

Lee County—President, W. B. Bean, M. D., Marianna; Secretary, C. L. Williamson, M. D., Marianna.

FOR SALE.—Nice office and lot. Practice gratis to purchaser. Railroad town. Eastern Arkansas. Price, \$300.00. W. B. Bean, M. D., LaGrange, Ark.



## DELEGATES TO THE STATE SOCIETY.

Arkansas County—S. M. Lowe, M. D., Gillett.

Boone County—F. L. Kirby, M. D., Harrison.

Greene County—H. N. Dickson, Paragould.

Hot Spring County—R. N. Donnell, M. D., Malvern.

Independence County—R. C. Dorr, M. D., Batesville.

Lawrence County—J. M. Morris, M. D., Denton.

Lee County—A. A. McClendon, M. D., Marianna.

Miller County—R. H. T. Mann, M. D., Texarkana.

Phillips County—M. Fink, M. D., Helena.

Saline County—C. J. Steed, M. D., Chalmers.

St. Francis County—L. H. Merritt, M. D., Forrest City.

Sebastian County—St. Cloud Cooper, M. D., Fort Smith.

Union County—L. L. Purifoy, M. D., El Dorado.

Washington County—T. W. Blackburn, M. D., Cane Hill.

### District and County Societies.

BOONE COUNTY—The Boone County Medical Society met at Harrison, April 6. Present, Drs. Crebs, F. B. Kirby, L. Kirby, Routh, Fowler and Vance. Dr. A. M. Hathcock was elected to membership. Letters of dismissal were granted to Drs. Floyd and Brown. Dr. L. Kirby read an interesting paper on "Chronic Bright's Disease." The following were elected officers: President, R. S. Crebs; Vice-President, A. M. Hathcock; Treasurer, H. L. Routh; Secretary, J. L. Sims; Delegate to the State Society, F. B. Kirby; Alternate Delegate, C. M. Routh, Batavia.

J. L. SIMS, Secretary.

ARKANSAS COUNTY—Dr. E. H. Winkler, Secretary of the Arkansas County Medical Society, has sent out to each member the following strong and earnest appeal: "The next regular meeting of the Arkansas County Medical Society will be held at Almyra, Tuesday,

April 13, 1909, at 8 o'clock a. m. Try to be with us. Let us lay aside our work, worries and cares for the time being and make it a day of rest, pleasure and profit. Doctor, will you not prepare a paper for the meeting, or report a case? Undoubtedly in your practice you have had unusual cases, presenting unusual features, perhaps puzzling or perplexing, and by reporting and discussing them we will mutually help each other and advance our science. Perhaps you have been successful in some old chronic cases that had gone the rounds of the doctors. Will you not give us the benefit of your experience? Is our Society accomplishing the object for which it was organized? Do you feel that membership in it benefits you? If not, who is in fault? Are you attending as you should? Have you prepared papers or reported cases? Are you prejudiced against some brother practitioner or feel aggrieved at some supposed slight or injury, and stay away for that reason? For some reason our Society has languished the past two years, and we must wake up or we will face conditions in the future that will give us trouble. Come and bring your wife (if not married, get a wife at once), sister or sweetheart. Their presence will be an inspiration, and we can show them how much we appreciate their society. Come and urge other doctors to come. Be sure to bring the ladies."

LONOKE COUNTY—The Lonoke County Medical Society met in regular quarterly session at England, January 20, 1909, and elected officers for the ensuing year. Dr. H. Thibault was elected Delegate to the State Society; Dr. J. C. Chenault, England, Alternate Delegate. Dr. B. L. Stovall was elected to fill the vacancy on the Board of Censors. Two new members have been admitted since last report. The next meeting will be held on May 3. at Lonoke.

S. A. SOUTHALL, Secretary.

FRANKLIN COUNTY—The Franklin County Medical Society held its first meeting since last August at Ozark, Tuesday, April 6, there being five members present. There were reports of interesting cases, all of which were discussed in a profitable manner. This being the

regular day for the election of officers, Dr. W. W. Rambo, of Alston, was elected President; Dr. E. W. Blackburn, Ozark, Vice President; Dr. Thomas Douglass, Ozark, Secretary. Dr. Douglass was elected Delegate to the State Society, and Dr. H. H. Turner, Alternate Delegate. The next meeting will be held on May 3.

THOS. DOUGLAS, Secretary.

MISSISSIPPI COUNTY—The following is the program of the April meeting of the Mississippi County Medical Society:

1. "Report of Gynecological Cases," G. W. Parker, M. D., Blytheville.
2. "Extra-Uterine Pregnancy; Report of a Case," J. D. Harbert, Marie.
3. "Follicular Tonsillitis; Report of Cases," R. C. Prewitt, M. D., Osceola.
4. Clinic by Osceola Physicians; General Discussion.

The physicians of Crittendon County are especially invited to attend this meeting and are urged to make application for membership. Every eligible physician in Mississippi County excepting one is a member of the Society.

OLEANDER HOWTON, M. D., Secretary.

JOHNSON COUNTY—The Johnson County Medical Society met April 5, in the Secretary's office, with the following members present: W. F. Smith, President; L. A. Cook, Secretary; W. R. Hunt, J. M. Murphy, S. M. Graves, T. B. Blakely, J. L. Stewart, J. W. Ogilvie, J. M. Cowan, M. E. Burgess, J. S. Kolb and J. R. Horner. Drs. Graves and Smith reported clinical cases. Dr. Blakely read a paper on "Epsom Salts," and discussion followed, participated in by Drs. Graves, Cowan, Hunt and Smith. The following officers were elected for the ensuing year: Dr. T. B. Blakely, President; Dr. J. L. Stewart, Vice President; Dr. L. A. Cook, Secretary; Dr. S. M. Graves, Delegate to the State Society. Dr. J. R. Horner was appointed to write a paper for next meeting on "Snake Bites," and Dr. J. W. Ogilvie to write on "Apomorphia."

L. A. COOK, Secretary.

## Model Constitution and By-Laws for County Societies.

### CONSTITUTION.

#### ARTICLE I.—NAME AND TITLE OF THE SOCIETY.

The name and title of this organization shall be the ——— County Medical Society.

#### ARTICLE II.—PURPOSES OF THE SOCIETY.

The purpose of this Society shall be to bring into one organization the physicians of ——— County, so that by frequent meetings and full and frank interchange of views they may secure such intelligent unity and harmony in every phase of their labor as will elevate and make effective the opinions of the profession in all scientific, legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it; and with other county societies to form the ——— State Medical Association, and through it, with other State associations, to form and maintain the American Medical Association.

#### ARTICLE III.—ELIGIBILITY.

Every legally registered physician residing and practicing in ——— County, who is of good moral and professional standing and who does not support or practice, or claim to practice, any exclusive system of medicine, shall be eligible for membership.

#### ARTICLE IV.—MEETING.

Regular meetings shall be held at such time and place as may be determined by the Society. Special meetings may be called by the President and shall be called on a written request of five members. A call for a special meeting shall state the object of such meeting, at which no business except that stated in the call shall be transacted.

#### ARTICLE V.—OFFICERS.

The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, Delegates and Board of three Censors.



These officers, except the Delegates and Board of Censors, shall be elected annually. Delegates shall be elected for two years, and in accordance with the constitution and by-laws of the State Association. One member of the Board of Censors shall be elected each year to serve for three years, provided that at the first election after the adoption of this constitution one member of the Board shall be elected for one year, one for two, and one for three years.

#### ARTICLE VI.—FUNDS AND EXPENSES.

Funds for meeting the expenses of the Society shall be raised by annual dues, special assessments and voluntary contributions. Funds may be appropriated by vote of the Society for such purposes as will promote its welfare and that of the profession.

#### ARTICLE VII.—CHARTER.

The Society shall apply to the council of the State Association for a charter at the meeting at which this constitution and by-laws is adopted, or as soon thereafter as practicable, and the charter shall be kept by the Secretary.

#### ARTICLE VIII.—INCORPORATION.

The Society shall have authority to appoint a Board of Trustees and to provide for articles of incorporation whenever it may deem this necessary.

#### ARTICLE IX.—AMENDMENTS.

The Society may amend any article of this constitution by a two-thirds vote of its members at any regular meeting, provided that such amendment or amendments are not in conflict with the laws and regulations of the State Association; provided, also, that such amendment shall have been read in open session at a previous regular meeting and shall have been sent by mail to each member ten days in advance of the meeting at which final action is to be taken.

#### BY-LAWS.

##### CHAPTER I.—MEMBERSHIP.

SECTION 1. The Society shall judge of the qualifications of its members, but as it is the

only door to the State Medical Association and to the American Medical Association for physicians within its jurisdiction, every reputable and legally qualified physician of ——— County who does not support, or practice, or claim to practice, sectarian medicine, shall be eligible to membership.

SEC. 2. A candidate for membership shall make application in writing and shall state his age, his college and date of graduation, the place in which he has practiced, and the date of registration in this State. The application must be accompanied by the admission fee and must be endorsed by two members of this Society. It shall be referred to the Board of Censors, who shall inquire into the standing of the applicant, assure themselves that he or she is duly registered according to the laws of the State, and report at the next regular meeting of this Society. Election shall be by ballot, and two-thirds of the votes of the members present and voting shall be necessary to elect. The application shall be returned to the Secretary, who shall file it for future reference. Applications for membership from rejected candidates shall not be received within six months of such rejection.

SEC. 3. A physician accompanying his application with a transfer card from another component county society of this or any State within sixty days of the issuance of said card shall be admitted without fee on a majority vote of the members present, and without the application being referred to the Board of Censors. Such application may be acted on at the meeting at which it is presented on the vote of three-fourths of the members present; otherwise it shall lie over until the next regular meeting. No annual dues for the current year shall be charged against such members, provided the same have been paid to the Society from which the applicant comes.

SEC. 4. A physician residing in an immediately adjoining county may become a member of this Society in like manner and on the same terms as a physician living in this county, on permission of the county society of the county in which the applicant lives.

SEC. 5. A member in good standing who is free from all indebtedness to this Society, and against whom no charges are pending, wishing to withdraw, shall be granted a transfer card. This card shall state the date the member associated himself with this Society, the date of issuance of the card, and shall be signed by the President and Secretary. It shall be accompanied with a copy of the application presented at the time the member joined the Society, for information to the Society to which the member desires to attach himself.

SEC. 6. All members shall be equally privileged to attend all meetings and take part in all proceedings, and shall be eligible to any office or honor within the gift of the Society so long as they conform to this constitution and by-laws, including the payment of dues. A member who is under sentence of suspension or expulsion shall not be permitted to take part in any of the proceedings, or be eligible to any office until relieved of such disability. And, provided further, that none of the privileges of membership shall be extended to any person not a member of this Society except on a majority vote of the Society in regular meeting.

SEC. 7. A member who is guilty of a criminal offense or of gross misconduct, either as a physician or as a citizen, or who violates any of the provisions of this constitution and by-laws, shall be liable to censure, suspension or expulsion. Charges against a member must be made in writing and be delivered to the Secretary, who shall immediately furnish a copy to the accused and to the Chairman of the Board of Censors. The Board of Censors shall investigate the charges on their merits, but no action shall be taken by the Board within ten days of the presentation of the charges to the accused, nor before giving the accused and accusers ample opportunity to be heard. The Board shall report (1) that the charges are not sustained; or (2) that the charges are sustained, and that the accused be (a), censured; (b), suspended for a definite time, or (c), expelled. Censure or suspension shall require a two-thirds vote of the members present and voting, and a three-

fourths vote of those present and voting shall be required to expel a member. No action shall be taken by the Society in such cases until at least six weeks have elapsed since the filing of the charges. A member suspended for a definite time shall be reinstated at the expiration of the time.

SEC. 8. Kindly efforts in the interest of peace, conciliation or reformation, so far as possible and expedient, shall precede the filing of formal charges affecting the character or standing of a member, and the accused shall have opportunity to be heard in his own defense in all trials and proceedings of this nature.

SEC. 9. Members expelled from this Society for any cause shall be eligible for membership after one year from date of expulsion and on the same terms and in like manner as original applicants.

## CHAPTER II.—POWERS AND DUTIES.

SECTION 1. This Society shall have general direction of the affairs of the medical profession of the county, and its influence shall be constantly exerted to better the scientific, material and social condition of every physician within its jurisdiction. Systematic efforts shall be made by each member, and by the Society as a whole to increase the membership until it embraces every reputable physician in the county.

SEC. 2. A meeting shall be held at — p. m. on the ——— in each month (or oftener). ——— members shall constitute a quorum. The officers and Committee on Program shall profit by experience and by example of other similar societies, and strive to arrange for the most attractive and successful proceedings for each meeting. Crisp papers and discussions and reports of cases shall be arranged for and encouraged, and tedious and profitless proceedings and discussions shall be avoided as far as practicable.

SEC. 3. Agreements and schedules of fees shall not be made by this Society, but at least one meeting during each year shall be set apart for a discussion of the business affairs of the profession of the county, with the view of adopting the best methods for the



guidance of all. In all proper ways the public shall be taught that business methods and prompt collections are essential to the equipment of the modern physician and surgeon, and that it suffers even more than the profession when this is not recognized.

SEC. 4. This Society shall endeavor to educate its members to the belief that the physician should be a leader in his community, in character, in learning, in dignified and manly bearing, and in courteous and open treatment of his brother physicians, to the end that the profession may occupy that place in its own and the public estimation to which it is entitled.

#### CHAPTER III.—OFFICERS.

SECTION 1. The officers of the Society shall be elected at the December meeting in each year, which shall be known as the annual meeting. Nominations shall be made by informal ballot, and all elections shall be by ballot. The vote of a majority of all the members present shall be necessary to an election.

SEC. 2. The President shall preside at the meetings of the Society, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession in the county during the year, and it shall be his pride and ambition to leave it in better condition as regards both scientific attainments and harmony than at the beginning of his term of office.

SEC. 3. The Vice-President shall assist the President in the performance of his duties, shall preside in his absence, and on his death, resignation or removal from the county shall succeed to the presidency.

SEC. 4. The Secretary shall record the minutes of the meetings and receive and care for all records and papers belonging to the Society, including its charter. He shall notify each member of the Society as to the time and place of each meeting, and, whenever possible, give the program for the meeting. He shall keep account of and promptly turn over to the Treasurer all funds of the Society which may come into his hands. He shall make and keep a list of the members of

this Society in good standing, noting of each his correct name, address, place and date of graduation, and the date of the certificate entitling him to practice medicine in this State; and in a separate list he shall note the same facts in regard to each legally qualified physician in this county not a member of this Society. It shall be his duty to send a copy of such lists, on blank forms furnished him for that purpose, to the Secretary of the State association at such time as may be designated by the State Association. In making such lists he shall endeavor to account for each physician who has moved into or out of the county during the year, stating, when possible, both his present and past address. At the same time, and with his report of such lists of members and physicians, he shall transmit to the State Association his order on the Treasurer for the annual dues of the Society.

SEC. 5. The Treasurer shall receive all dues and money belonging to the Society from the hands of the Secretary or members, and shall pay out the same only on the written order of the President, countersigned by the Secretary.

SEC. 6. The Delegates shall attend and faithfully represent the members of this Society and the profession of this county in the House of Delegates of the State Association, and shall make a report of the proceedings of that body to this Society at the earliest opportunity.

#### CHAPTER IV.—COMMITTEES.

SECTION 1. There shall be a Board of Censors as provided in the constitution, a Standing Committee on Program and Scientific Work, a Committee on Public Health and Legislation, and such special committees as may from time to time be deemed necessary.

SEC. 2. *Board of Censors.* This Board shall examine and report on the qualification of applicants for membership, subjecting each applicant to such examination as it may deem necessary. It shall investigate charges preferred against a member, and report its conclusions and recommendations to the Society. In case of the absence of a member of

the Board, the President may appoint some member to fill the vacancy. The senior member of the Board in point of service shall be Chairman of the Board.

SEC. 3. *Committee on Program and Scientific Work.* This Committee shall consist of the President, Vice-President and Secretary. It shall be its duty to promote the scientific and social functions of the Society by arranging attractive programs for each meeting and by urging each member to take part in the scientific work. It shall stimulate fraternalism and good feeling among the members in every way possible. (Provision should be made in this Section for annual luncheons, dinners, etc., which the Committee believes to be an excellent way to bring members together. Such occasions should be made as inexpensive as possible.)

SEC. 4. *Committee on Public Health and Legislation.* This Committee shall consist of three members who shall be appointed annually by the President. It shall be its duty to enforce and support the sanitary and medical laws of the State in this county, to cooperate with the Committee on Public Policy and Legislation of the State Association in all matters pertaining to legislation, and to prosecute quacks and medical pretenders in this county.

#### CHAPTER V.—FUNDS AND EXPENSES.

SECTION 1. The admission fee, which must accompany the application, shall be \$—, and shall include the annual dues for the fiscal year. The admission fee shall be returned if the applicant is not accepted.

SEC. 2. The annual dues shall be \$—, and shall be payable on January 1 of each year. Any member who shall fail to pay his annual dues by April 1 shall be held as suspended without action on the part of the Society. A member suspended for non-payment of dues shall be restored to full membership on payment of all indebtedness. Members more than one year in arrears shall be dropped from the roll of members.

SEC. 3. The fiscal year of this Society shall be from January to December, inclusive.

#### CHAPTER VI.—ORDER OF BUSINESS.

The order of business shall be as follows:

1. Call to order by the President.
2. Reading of minutes of last meeting.
3. Clinical cases.
4. Papers and discussions.
5. Unfinished business.
6. Miscellaneous business.
7. Announcements.
8. Adjournment.

#### CHAPTER VII.—RULES OF ORDER.

The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, unless otherwise determined by vote.

#### CHAPTER VIII.—THE PRINCIPLES OF MEDICAL ETHICS.

The Principles of Medical Ethics of the American Medical Association shall govern this Society.

#### CHAPTER IX.—AMENDMENTS.

These by-laws may be amended at any regular meeting by a two-thirds vote therefor, provided that such amendment has been read in open session at the preceding regular meeting and a copy of the same has been sent to each member by the Secretary ten days in advance of the meeting at which final action is to be taken.

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**The Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. The Jefferson Hotel will be the official headquarters. For information address the State Secretary, or Dr. W. J. Lowe, Secretary, Pine Bluff.**



## Program Annual Meeting.

Preliminary Program of the Thirty-third Annual Session of the Arkansas Medical Society, to be held at Pine Bluff, May 18, 19, 20 and 21, 1909.

### FIRST DAY.—TUESDAY, MAY 18.

#### *First Meeting of the House of Delegates.*

##### MORNING SESSION, 9 O'CLOCK.

###### Order of business.

1. Calling the meeting to order by President Clegg.
2. Invocation by Rev. T. Y. Ramsey, Pine Bluff.
3. Roll call.
4. Reading of the minutes of the previous session.
5. Appointment of committees by the President.
6. Introduction of business requiring immediate attention.
7. Report of Committee on Arrangements, William Crutcher, Chairman, Pine Bluff.
8. Report of the Secretary.
9. Report of the Treasurer.

##### AFTERNOON SESSION, 2 O'CLOCK.

10. Report of the Chairman of the Council.
11. Report of the Committee on Scientific Work.
12. Report of the Committee on Public Policy and Medical Legislation.
13. Report of the Chairman of the Board of Visitors to Arkansas Medical Colleges.
14. Report of the Committee to Perfect an Organization for the Study and Control of Tuberculosis; J. S. Shibley, Chairman, Paris.
15. Report of the Committee on State Charity Hospital; S. E. Thompson, Chairman, El Dorado.
16. Report of Committee on Publication; C. E. Witt, Chairman, Little Rock.

17. Reading of communications, addresses, memorials and resolutions.
18. Selection of the Nominating Committee.
19. Unfinished business.

20. New business.
21. Miscellaneous business.
22. Adjournment.

### FIRST GENERAL MEETING.

Y. M. C. A. Auditorium, Fifth Avenue and Main Streets.

### SECOND DAY, WEDNESDAY, MAY 19.

##### MORNING SESSION, 9 O'CLOCK.

1. Calling the meeting to order by First Vice President E. K. Williams, Arkadelphia.
2. Invocation by Rev. J. I. Norris, Pine Bluff.
3. Address of welcome on behalf of the city of Pine Bluff, Hon. W. L. Toney, Mayor.
4. Address of welcome on behalf of the Jefferson County Medical Society, C. E. Caruthers, President.
5. Response to welcome addresses, James H. Leno, Little Rock.
6. President's annual address, Joseph T. Clegg, Siloam Springs.
7. Referring of addresses.
8. Report of Committee on Arrangements, William Crutcher, Chairman.
9. Adjournment.

##### AFTERNOON SESSION, 2 O'CLOCK. BUSINESS SESSION.

1. Call to order.
2. Reports, special and general.
3. Unfinished business.
4. New business.
5. Adjournment.

### THIRD DAY, THURSDAY, MAY 20.

##### MORNING SESSION, 9 O'CLOCK.

1. Call to order.
2. Unfinished business.
3. New business.
4. Adjournment.

HOUSE OF DELEGATES.  
THIRD MEETING.

FRIDAY MORNING, 9 O'CLOCK.

1. Call to order.
2. Report of committees.
3. Report of Nominating Committee.
4. Election of officers.
5. Unfinished business.
6. New business.
7. Adjournment *sine die*.

SCIENTIFIC PROGRAM.

2. "Pernicious Malaria," F. E. Mahoney, M. D., Huttig. Discussion opened by S. E. Thompson, M. D., Eldorado.
3. "The Pathology of Malarial Hemoglobinuria," William Krauss, M. D., Memphis. Discussion opened by William Deadrick, M. D., Marianna.
4. "Polypharmacy and Therapeutics, Now and Then," L. P. Gibson, M. D., Little Rock. Discussion opened by Z. Orto, M. D., Pine Bluff.
5. "Tetanus; Report of Cases," G. A. Warren, M. D., Black Rock. Discussion opened by H. N. Dickson, M. D., Paragould.
6. "Pellagra," L. D. Wadley, M. D., Wesson. Discussion opened by W. S. Stewart, M. D., Pine Bluff.
7. "Report of a Legal Case," H. C. Dunavant, M. D., Osceola.
8. "Management of Malaria," E. P. McGehee, M. D.
1. "Shock," Anderson Watkins, M. D., Little Rock. Discussion opened by M. S. Dibrell, M. D., Van Buren.
3. "Extra-Uterine Pregnancy; Report of Cases," A. V. Laws, M. D., and William Chestnutt, M. D., Hot Springs. Discussion opened by R. C. Dorr, Batesville.
4. "The Surgical Treatment of Epilepsy," J. P. Runyan, M. D., Little Rock. Discussion opened by Henry H. Righter, M. D., Helena.
5. "An Interesting Case of Abdominal Surgery," George S. Brown, M. D., Conway. Discussion opened by J. W. Meek, M. D., Camden.
6. "The Surgical Treatment of Tubercular Lesions of the Abdominal Cavity," A. C. Jordan, M. D., Pine Bluff. Discussion opened by C. A. Smith, M. D., Texarkana.
7. "A Case of Neuroparalytic, or Trophic Ulcer, Treated Surgically," R. C. Dorr, M. D., Batesville. Discussion opened by E. P. Bledsoe, M. D., Little Rock.
9. Paper (title forthcoming), T. F. Kittrell, M. D., Texarkana.
10. Paper (title forthcoming), Carle Bentley, Little Rock.
2. "Neurosis Due to Pelvic Lesions Treated Surgically," W. C. Dunaway, M. D., Little Rock. Discussion opened by Anderson Watkins, Little Rock.
3. "A Few Observations Concerning Emergency Surgery," James A. Foltz, M. D., Fort Smith. Discussion opened by W. F. Smith, M. D., Clarksville.
4. "Too Much Operative Gynecology," J. W. Meek, M. D., Camden. Discussion opened by C. R. Shinault, M. D., Little Rock.
5. "Some Interesting Cases of Obstetrics," E. K. Williams, M. D., Arkadelphia. Discussion opened by F. B. Young, M. D., Springdale.

SOCIAL.

Wednesday—2:30 p. m.: Auto ride for the visiting ladies. Assemble at the Jefferson Hotel.

8 to 10 p. m.: Reception to members, delegates and visitors, by Dr. and Mrs. A. C. Jordan, at their residence, 1519 Chestnut street.

Thursday—3 to 5 p. m.: Musicales, complimentary to visiting ladies, Mrs. C. K. Caruthers, 1502 West Sixth avenue.

Friday—3 p. m.: Reception to visiting ladies complimentary to her guests, by Mrs. A. W. Troupe.

9 to 12 p. m.: Annual banquet by the Jefferson County Medical Society complimentary to the members of the Arkansas Medical Society, at Bluff City Hall.

SPECIAL MEETING.

The Arkansas Association for the Relief and Control of Tuberculosis will hold an open meeting in the First Methodist Church at 8 o'clock p. m., to which the public is invited. A symposium on tuberculosis has been arranged for this evening, and several distinguished gentlemen from Louisville and New Orleans will read papers.



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## Original Articles.

### THE COEXISTENCE OF THE SYMPTOMS OF APPENDICITIS AND RIGHT KIDNEY AND URETERAL IRRITATION.

By LeRoy Young, M. D., McAlester, Okla.

On October 17, 1906, Mrs. C. G. F., white, age twenty-four, became ill with pain in the epigastrium. Later the pain radiated to the umbilical region, and finally located in the right inferior quadrant of the abdomen. It was intense, and required the hyperdermatic administration of morphine for its relief. There were present nausea and vomiting, right rectus rigidity and marked tenderness on pressure at McBurney's point.

The symptoms were so characteristic that I concluded without hesitation that she was suffering of an attack of appendicitis. This conclusion was strengthened by the statement of the patient that she had had several similar preceding attacks at intervals of three to six months, but that in connection with them she had on several occasions had "gravel," and that she had been told by a physician that her trouble originated in the kidney on that side.

The patient, not wishing an operation under the circumstances, was treated expectantly, and advised to have an appendectomy after the effects of the attack subsided. After the first paroxysm had been relieved there was but little subsequent pain, but rigidity and tenderness on pressure persisted to a certain extent.

On October 23, six days after the beginning of the attack, the patient was seized with pain radiating from the right kidney down the course of the ureter to the labia majora and groin. The symptoms seemed to point so clearly to kidney or ureteral irritation—probably the passage of a calculus—that serious doubt arose in my mind as to the correctness of the diagnosis of appendicitis in the first place.

The patient soon recovered so that she could be up and out, but she was observed at intervals dur-

ing the following month. During this period there were occasional symptoms of right kidney and ureteral irritation, but there was always pain on deep pressure at McBurney's point. My final conclusion was that she did have appendicitis, and an operation was advised. This I did on December 2, the appendix being found in a state of slight chronic inflammation. There were no adhesions.

Since the operation this case had been observed for nearly two years, and during that time she has not had symptoms of either appendicitis or irritation of kidney or ureter.

Since not only the symptoms of inflammation of the appendix were eliminated by its removal, but the symptoms of kidney and ureteral irritation as well, and both permanently for the two years since the operation, the conclusion is reached that the presence of appendicitis was responsible for all the symptoms enumerated.

In this case, on account of the moderate severity of the appendix without adhesions, the ureteral irritation was evidently not due to contiguity of organs and the extension of the inflammatory process, but was the result of disturbance transmitted through the nerve supply, the inferior mesenteric, spermatic and hypogastric plexuses, which supply the ureter, being intimately associated with the superior mesenteric plexus, which sends branches to the appendix and adjacent parts of the intestinal tract.

H. W., white, male, thirty-two years of age, coal miner, was referred to me by Dr. Spangler, of Phillips, Okla., and entered the hospital January 29, 1907. He had been ill one week, and the physician in charge had made a diagnosis of appendicitis and related the cardinal symptoms of that trouble, which appeared in orderly sequence. A consultant had also seen the patient, and concurred in the diagnosis. The attack was violent from the beginning, the pain being extremely severe, and temperature elevated. His physician related that on the fourth day of his illness he suffered a violent pain radiating from right loin along the course of the ureter to the penis and right testicle, which latter was greatly retracted. Coincident with this there was a painful involuntary erection and ejaculation of semen.

The history seemed to be of such a conflicting character that it was decided to observe the patient for a few days pending a conclusion as to the proper procedure. In the meantime there was a recurrence

\*Read before the Third Annual Session of the Southwestern Medical Association, held at Kansas City, November, 1908.

of the violent kidney and ureteral pain, the retraction of the testicle and involuntary emission.

On February 5, there being no further doubt that there was an abscess present, I operated. On opening the abdominal cavity, a large abscess was encountered, and a quantity of vile pus was evacuated. Drainage was provided for and no attempt made to find the appendix.

A few days after the operation there was an abundance of pus in the urine—so much that at times it greatly interfered with the emptying of the bladder. A suppurative pyelitis was suspected and feared. Improvement was slow, but finally there was no pus in the urine, the external opening discharged less and less, and he left the hospital convalescent on March 31. He was not able to work for some weeks after his return home, but is now well and is following his vocation of coal miner. Since recovery from the operation he has not had symptoms of either appendicitis or right kidney or ureteral irritation.

T. M., white, male, farmer, was referred by Dr. Anderson, of Caney, Okla., and he entered the hospital April 19, 1908, on the second day after an attack of appendicitis, which had been running a course of mild severity with considerable pain, but little fever. The symptoms had come on in the classical way at first, but when he entered the hospital I found upon examination there was marked tenderness over right loin, and pain was complained of in the penis and right testicle. So marked was this latter symptom that it raised a doubt in my mind as to the exact pathological condition, but on account of the graphic history of the beginning of the attack, together with the greater tenderness in region of appendix, I advised an operation, which I did the following morning, April 20. The operation disclosed a badly inflamed appendix, which was adherent over psoas muscle. There was a small perforation at one of the points of adherence. The appendix was removed and abdomen closed without drainage. Convalescence was normal, and there was no recurrence or kidney or ureteral pain.

In the two last cases it seems fair to conclude that the ureteral irritation was due to an inflammatory condition originating from the appendicitis, and carried forward through contiguity of tissue.

When we take into consideration the relations of the organs in the right lower quadrant of the abdomen, I believe it will not be difficult to understand how an appendicitis may subsequently involve the right ureter. This is especially true in those cases in which the appendix occupies the retro-caecal space, resting upon the peritoneum over the psoas muscle. The ureter lies on this muscle behind the peritoneum and to the inner side of the caecum. In an appendicitis occupying the retro-caecal space, inflammatory adhesions may take place over the muscle, as related in case three, and the peritoneum may be perforated

at this point. Then it is easy to understand how the inflammatory process might involve the ureter, and, if sufficiently virulent, even perforate it. After this has occurred it is, it seems to be, a reasonable conclusion that the kidney itself might be involved by an ascending infection. If suppuration does not supervene, the involvement of the ureter in the inflammatory process would cause pain radiating in a manner similar to the radiation or pain in the passage of a renal calculus, or irritation from other like causes.

The cases reported are selected for the purpose of showing that the symptoms may be present in the three commoner forms of appendicitis, namely:

1. Inflammation of a moderate type without adhesions, when the symptoms are due to an expression through the nervous system.

2. Inflammation of a severe type with post-caecal adhesions, but without suppuration, when the symptoms are due to involvement of the ureter in the inflammatory process.

3. Inflammation of a severe type resulting in post-caecal adhesions, and subsequent abscess formation, when the symptoms are due to (a) involvement of the ureter in the inflammatory process, and (b) to perforation of the ureter, a part of the contents of the abscess thus escaping into it.

#### DISCUSSION.

Dr. W. J. Frick, Kansas City, Mo.: There is no doubt that the two conditions mentioned by Dr. Long do occasionally exist independently of each other; neither is there any doubt in my mind that one condition may be dependent on or is caused by the other.

The cases reported by Dr. Long furnish excellent examples of kidney and ureteral disturbances during the course of appendicitis. Owing to its location, the appendix may be in contact with or attached to some portion of the parietal peritoneum covering the ureter, in this way causing inflammation, adhesions, sometimes kinking; therefore, the inflammation at times extending to the kidney and otherwise disturbing the functions of these organs. Probably some cases of right-sided tubal disease may be the result of contact with a diseased appendix, and vice versa, especially the latter. The disease of one organ caused by disease of another is certainly an unusual occurrence, but Dr. Long, in his paper, is not dealing with these unusual complications. Complications of this kind are likely to confuse the most experienced diagnostician, especially during the acute stage of appendicitis. There may be kidney symptoms or ureteral symptoms, as the acute stage of appendicitis subsides, but as a rule the tenderness of McBurney's point remains. When the symptoms of appendicitis recur, the kidney symptoms likewise do so. When the diseased appendix is removed, all symptoms disappear.

In the first case reported by Dr. Long he was inclined to doubt his diagnosis because of the symptoms of renal colic. Operation was deferred in this case, the patient treated expectantly, but further observation disclosed the fact that after the acute kidney and appendiceal symptoms had subsided, there was still tenderness at McBurney's point. In this case and in the other two cases reported by him,



all the kidney and appendiceal symptoms disappeared after the removal of the diseased appendix.

When we come to consider the symptoms of these two diseases, that is, symptoms of kidney or ureteral disease associated with the symptoms of disease of the appendix, we find that there are very few positive symptoms that are common to both diseases, and among those I may mention pain and sometimes tenderness in the right iliac region. It is only in the exceptional cases we expect to find tenderness at McBurney's point during the course of an acute nephritis, and it is only in these exceptional cases we expect to find large quantities of albumin and casts in the urine during the course of appendicitis.

Dr. Bransford Lewis, St. Louis, Mo.: I was very much interested in the contribution of Dr. Long, and think it contains many practical and valuable points.

The chief lesson conveyed by Dr. Long, aside from the one he pointed out, is the illusory character of the symptomatology in reference to these kidney and appendiceal disturbances and diseases. The symptomatology may be analyzed and strung out to a long degree, but unless one is very acute in his judgment, he is liable to be misled by the symptoms in marked or clean-cut cases. That is true, without the slightest possibility of discount. We all know that symptoms of renal disturbance on the right side will be indicated when we find out what is the condition there by examination indicating trouble with the left kidney. In other words, a transposition of the symptoms may occur, so that when the right kidney is diseased the left kidney shows symptoms of pain. I believe you will agree with me in reference to that point. If that is the case, how can you tell by the symptomatology coming from the right side that it is the left side that is diseased and needs surgical attention? You cannot tell by the symptoms. You can only tell by physical examination, so that I think we ought to remember the illusory possibilities connected with the symptomatology of renal disturbance. I could cite cases where we are inclined to go a little too far, being led by the symptomatology plus certain modes of examination, like the use of the X-ray, without additional modes of investigation. I have here an X-ray picture of a case in which there was symptomatology referred to the right renal region for a year. The pain was so intense that the woman could not follow her ordinary vocation, which was that of a nurse. An X-ray picture was taken at first, which showed a shadow apparently in the line of the left ureter in the pelvis, so that the X-ray diagnosis given at the time was that the pain was on the right side, yet the X-ray showed a shadow down in the left ureter. This was supposed to be a clean-cut illustration of transposed pain. When called in, I insisted on a thorough and complete investigation. I made a double ureteral catheterization, etc., then had another X-ray picture taken, which showed a shadow in the pelvis, with three shadows in the bladder. The cystoscope showed three stones in the bladder and a shadow in the left pelvis an inch away from the ureter. I show you the shadow in the ureter as disclosed by the X-ray, with the lead-fuse-wire in the catheter, and this shadow is fully three-quarters of an inch away from the ureter. It was a phlebolith, and the symptoms and the first X-ray picture, without ureteral catheterization, would have led to cutting down on the left ureter and doing a false operation. I withdrew the three calculi, or stones, by means of the operative cystoscope, and to prove my words I show them to you in a bottle. By ex-

amination you will see the shadows I speak of and the stones themselves.

We must go the whole distance in arriving at a correct diagnosis in the class of cases under discussion.

Dr. Seelig, of St. Louis, had a case of appendicitis in which the pains were referred to the right ureter. The X-ray picture showed the shadow of an object which was apparently movable. Three different X-ray pictures showed a shadow in the same line, but a little farther up and down on three successive occasions. Dr. Seelig cut down in there and found the ureter all right, but no stone in it, and if he were not a good surgeon he would not have found the explanation of that case, which was a little calculus in the appendix. He felt this calculus through the peritoneum, cut through the peritoneum, and after removing the appendix found a stone in the appendix, which showed itself from the symptomatology as a renal calculus.

Dr. Walter B. Dorsett, of St. Louis, Mo.: I want to say in a few words that the paper read by Dr. Long is one of the best of its kind I have ever listened to. It is short and to the point, as well as explicit at the same time.

There is no doubt but what there is food for thought along the line that has been indicated by the paper, and that is this: The referred symptomatology of appendicitis we ordinarily would think has been settled long ago, but, as a matter of fact, we get hold of cases now and then in which we are somewhat mystified, and in which the diagnosis in some instances is almost impossible. In contradistinction to the cases that have been related by the essayist I wish to relate one case.

A woman, thirty-eight years of age, was referred to me for movable kidney; the pain seemed to be almost entirely in the kidney. There was no enlargement of the organ and no complication associated with it, so far as we could determine ordinarily. But she had a retroverted uterus. She had a lacerated perineum; she had a couple of cystic ovaries, so that I proceeded to bring forward the retroverted uterus by the Gilliam operation, resected both ovaries, found the gall-bladder full of gall-stones, took out fifty-eight of them and sewed up the perineum. The patient got along beautifully during the time she was in the hospital. I did not do anything to the kidney. After she had been home a short time she was seized with a violent pain in the kidney, which was so excruciating that it required several doses of morphine to afford relief, and I thought then I should have explored the kidney. This case was one that was exceedingly interesting to me from the fact that I found so much pathology, so much to do after I got in there. I thought after the gall-bladder operation and the removal of the gall-stones the symptoms would disappear, but this case shows in a very striking manner that we do not thoroughly understand all the symptomatology in these right iliac troubles.

Dr. Herman E. Pearce, Kansas City, Mo.: With reference to what has been said, I will say that there is an explanation for the right-sided pain anatomically to which I desire to call your attention for a moment. The nerves of sensation pass forward along the abdominal wall; the cataneous branches curve outward and anastomose with the ilio-inguinal, and the other branches turn inward and supply the perineum. There you have an explanation of why pain comes from the groin. As to how it reaches the peritoneum, we are not suspicious enough sometimes of the interior of the colon. There may be considerable pericolicitis or colitis, which spreads to the interstitial tissue of the

appendix, and that is why sometimes cases are diagnosed and operated on as appendicitis without affecting a cure.

As to the means of relieving these cases, I have explored these kidneys, cutting them from end to end, have found nothing, and yet have relieved the pains. I have operated on the appendix and found but a slight degree of chronic inflammation, and, to quote the words of the essayist, "have removed it and relieved the pain." I have done both of these things, and yet in some cases have not been able to afford relief. When you take a kidney, split it open, examine it, you may cure the pain by breaking up the attachments to the hepatic flexure of the colon, establishing drainage at the head of the colon and relieving pain. When you relieve pain by excision of the appendix, you do so because you remove it from the inflamed bowel; you clean out the bowel and attend to the hygiene of the patient while she or he, as the case may be, is in the hospital. In both cases you cure the kidney pain and appendiceal pain by the relief of the conditions situated in the colon. It is for this reason that we have advocated what is known as the operation of appendicostomy. I believe we will do good work by this operative procedure. If Dr. Howard Hill were here he would be able to follow me in this discussion, because I have seen him worrying over the same thing as I have. These cases require, as Dr. Lewis has said, the entire field to be examined, because some of the cataneous nerves, on account of irritation, will give a patient pain down the groin, will exaggerate the disturbance in the kidney, and if you find blood in the urine in macroscopic quantities you may be misled in your diagnosis for stone.

With reference to the transference of pain, I studied that very hard last year to find out some reason for it. I heard about it from three good men who have different methods of eliciting it. First, I heard about it from Jones, of Liverpool, England, who takes the points of his fingers when there is pain in the kidney and percusses over that kidney and then over the left kidney. If the pain in the right kidney is due to disease in the left, there is tenderness on the left side where he gives the blow. Newman, of Glasgow, takes the back of his hand, or rather the knuckle of his hand, and delivers a blow with it in the same way over the two kidneys. John B. Murphy, of Chicago, who spoke before the British Medical Association, makes full-handed percussion with the whole blow of the arm, and if the pain in the right kidney is due to disease in the left, tenderness appears on the left side.

Ureteral catheterization is open to some objection, for the reason that prolonged pain in the kidney may be due to the trauma from the introduction of the catheter, producing a few blood cells, which may mislead one as to the character of the hemorrhage from the kidney, but it is a good method for finding stone. It appears to me we are making use of the ureteral catheter, the cystoscope, the X-ray picture and the like, but are not studying sufficiently the condition of that cesspool, the ascending colon.

Dr. A. J. Vance, Harrison, Ark.: I appreciate this paper very much, and I want to emphasize what has been said by citing a case.

Just a few days ago I was called to see my partner's wife. She had been suffering from retention of urine and painful urination. She was five months pregnant. This naturally led the doctor to think that his wife had some trouble with the kidneys, and efforts were made to relieve her. Suddenly she developed pain in the right side over the

appendix. He called me to see her, stating that he had given her several doses of morphine and atropin hypodermically, with no relief. I examined her and laid stress in my diagnosis of appendicitis on deep pressure over McBurney's point, which elicits pain a patient has not had before. It is a new pain the patient has not felt at any time. That, I think, is indicative of appendicitis. I proceeded the best way I could. We have no X-ray and other appliances with which to make these examinations. I decided she had appendicitis, but the first thing was to relieve her pain, and I suggested an enema of one quart of hot water. She received that and felt a little better. We also used hot applications, and in about an hour repeated the enema, using another quart of hot water. She was getting to feel more comfortable, and in three or four hours she passed urine freely. She got better and the symptoms subsided, except soreness.

The question arises as to whether or not this case was similar to the one Dr. Long reports. I do not know how the case is progressing, as I left home shortly after seeing her. But I have great confidence in that one diagnostic symptom of appendicitis, namely, *extra* pain on deep pressure over McBurney's point. I have frequently found that would give me a decisive conclusion when I could not arrive at it in any other way.

Dr. J. G. Sheldon, Kansas City, Mo.: It is generally agreed that ureteral irritations occur in connection with appendicitis. We have had three or four different men studying cases along the same line that has been mentioned here today. These cases can be divided into two classes. The first class is those in which there is no adhesion between the appendix and ureter, the appendicitis is an ordinary one, and the appendix lies free in the abdomen. Such cases have been referred to today. In these cases the urine, when examined, may not show pus or blood. Perhaps only a thousandth part will show pus and blood in the urine, but the pathological condition will be bilateral. I speak of this not on the basis of a few cases, but of one or two hundred, and two of my own. The explanation is probably this, as given by Dr. Frick: That in cases of primary infection of the kidney the infecting agent comes through the blood and the trouble is not due to direct adhesions. In the second class we have to deal with those cases in which the appendix is adherent to the ureter. This is not serious in the acute stage; operation is not demanded at once, and the condition may become chronic. Perhaps the reason for this is that the appendix is retroperitoneal, and if an abscess should appear it would not be serious. If a general practitioner were called upon to treat a case and it was one of retroperitoneal involvement, with abdominal symptoms not prominent, in the acute attack he would be safe in waiting.

I remember very well before the days of catheterizing the ureters of a case diagnosed as tuberculosis of the kidney, in which tubercle bacilli were not found, and in which animal injections gave negative results. The man was sent to Colorado; a diagnosis of appendicitis was made and he was operated on and cured. The diagnosis was not made positive until after catheterization of the ureters. In passing the catheter through the ureter it was found that the ureter was adherent to the appendix, and the urine from above was different from urine from below. We know the trouble came from the right ureter, but it was made worse because the urine from the pelvis of the kidney was different from that which came from the bladder.



In regard to referred pains and tenderness, this field has been worked out by several men. They seem to have different methods and different signs and symptoms, but when we come right down to it they are not sufficiently reliable for a man to say definitely whether this case must be operated on or not. We know that the ilio-inguinal nerve will give pain and tenderness referable to the groin, and this is not only so in appendicitis and kidney lesions, but in several cases of gall-bladder disease. We do not know of any anatomical connection between the nerves of the gall-bladder and the ilio-inguinal nerve. While certain signs and symptoms will work in a large number of cases, still they are not sufficiently reliable for one to say that this or that case must be operated on or not. In the acute case the peritoneal symptoms would be a guide for or against operation. In the chronic cases the general practitioner has no business to make a diagnosis unless he examines the urine and finds out whether the right or left ureter is causing trouble, or both. In the chronic cases a diagnosis cannot be made unless the ureters are catheterized, and if a man is not engaged in doing this kind of work, his conclusions may be erroneous. But in the acute cases he can make a diagnosis and treat them successfully in the presence of abdominal symptoms.

Dr. Long (closing the discussion): I appreciate very much the remarks of the gentlemen who discussed my paper. It was written for that purpose. It was my desire to bring before the profession the points I have enumerated in it.

With reference to pain in the right kidney region in connection with appendicitis, in looking over the literature in reference to conditions of this kind I was surprised to find so little said about them. I recall reading, some five or six months ago, an article in which the author called attention to pyelitis as the result of an ascending infection from appendicitis.

Dr. Frick spoke of one organ being affected as the result of disease of another organ. That is true. These cases are reported for what they are worth, and I may be in error as to the deductions I have drawn, but I have given you my conclusions based on observations of the cases.

With regard to the case reported by Dr. Lewis, and the interesting condition he found, we may have pain in one kidney and disease in another, but that would apply more particularly to disease of the kidney. It would be easier to understand how pain would occur there on account of the intimate nerve supply than to understand how we could have referred pain in connection with appendicitis. However, his remarks were very interesting, and I appreciate them very much.

#### A CASE OF SYMMETRICAL GANGRENE, OR RAYNAUD'S DISEASE.\*

By L. E. Runkle, M. D., El Reno, Okla.

A. M., female. Age 19, weight 130 pounds, height five feet, six inches, family history negative. With the exception of painful and irregular menstruation the personal history prior to the development of the present trouble is negative. About two years ago

a gangrene developed on the right hand, which necessitated the amputation of that member, and one year later the same trouble made its appearance on the left hand, which was also amputated. Since that time, until about four days prior to consulting me, she has had no further manifestations of the disease. On the evening of the 27th of March there appeared a sharp, stinging pain in the skin near the inner canthus of the right eye. The pain increased in severity for several hours, when an area involving almost the entire upper lid, and extending well on to the nose, became studded with blisters which, during the day following, broke down, turned dark in color, and by the next day had coalesced and become one large, black, ulcerating surface. Upon the appearance of the eruption the pain ceased. Her physician was consulted, who, feeling that inasmuch as the ocular appendages were involved and services of an oculist were needed, referred the case to me, whom I first saw on March 31, four days after the appearance of the disease.

Inspection disclosed a large, black, mummified area involving most of the upper lid and extending down the inner canthus. The gangrenous ulceration had penetrated deeply into the tissues of the lid, the edges of the invaded site being well defined. But little swelling was present, and no pain at this time. The local disturbance had passed through all its stages and was presenting the appearance of a dry gangrene. Examination failed to divulge constitutional disturbances of any kind, the urine was normal and no history of malarial or other fevers. I massaged the diseased area with a yellow oxid of mercury ointment and prescribed quinine, arsenic, strychnine and iron sulphate, with instructions for the patient to return to my office the next day. The following morning she stated that she had suffered a great deal during the night with the same stinging pain as before, but which this time was located above the brow on the same side. By the time she had reached my office the pain had ceased. I removed the dressing from the parts and found an area the length of the eyebrow and varying in width from one-half to one inch, completely studded with small blebs. The entire part involved was pale, glossy and bloodless, and practically devoid of sensibility. I incised the blisters one by one and evacuated their contents, then removed the epidermis covering them and thoroughly cleaned the now denuded surface in which ulceration had already begun. All of the invaded parts I again massaged with the yellow oxid ointment, leaving a thin coating over all. The next day I found a repetition of the night before, for she had again put in a bad night and the disease had again appeared. This time I found a small area almost in the center of the forehead just above the nose, about the size of a quarter dollar, which was in a condition identical with that which I had seen the day before. The same treatment was applied twice daily

\*Read at the Third Annual Session of the Southwestern Medical Association, held at Kansas City, November, 1908.

for about ten days, after which time, there being no further outbreak of the disease, the patient was allowed to return home and placed under the care of her family physician. Since that time I have not seen her, but have heard from her a number of times. The gangrenous material came away slowly, leaving considerable scarring, but not to such an extent as to seriously impair the function of the lid. The disease has not as yet recurred, and in a recent letter from her sister she states that she is in the best of health. I have reported this case, believing it to be of interest. The rarity of the disease, together with the treatment applied with its satisfactory results, have made it of considerable concern to me.

#### DISCUSSION.

Dr. H. E. Kinzman, Newton, Kan.: I have nothing in particular to add to the report of this very interesting case, but I would like to have the essayist, in closing, give us some points so as to distinguish this condition from herpes zoster of the supraorbital nerve. I remember seeing a case of herpes zoster where a gangrenous slough appeared in nearly the same region, in the eyebrow, but not involving the upper lid.

Dr. S. M. Jenkins, Enid, Okla.: This paper has been quite interesting to me from the fact that, as a specialist, and preceding that for a number of years as a general practitioner, I do not remember ever meeting a case of this kind. The nearest approach to it was the case of a little girl, twelve years of age, whom I saw when engaged in general practice. She was seized with a severe pain in the foot one night, and I was summoned before daylight to see her. I could not find any cause for the pain. There was no discoloration of the foot at that time, and I was considerably puzzled over the case. But the foot went right on to gangrene and sloughing, involving the entire limb. I have never seen a case of this kind which involved the region of the eye.

I congratulate the doctor on the most happy termination of what would seem to me to be a hopeless case.

Dr. A. K. West, Oklahoma City: I want to cite a case which is exactly analogous to the one reported in symptomatology, with the exception of the location. In this case I made a diagnosis of herpes at about the middle of the cheek. The doctor described a case which resembled exactly the one that I treated some two years ago, the only case I ever saw, with the exception that the location of the trouble in his case was upon the eyelid and eyebrow, whereas in my case the trouble was located along the cheek. The patient had the same symptoms, the same sloughing, covering an area of the size of a quarter, which healed without leaving a scar and gave us very little difficulty or trouble. The diagnosis at the time was peculiar, and I hardly knew what to expect. There is an analogy between these cases, one depending upon the nerve functions supplying the skin and closely analogous to the diseases we class as herpetic eruptions.

Dr. Joseph S. Lichtenburg, Kansas City, Mo.: I think this case of Raynaud's disease of the upper eyelid is one of the extremely rare conditions that occur in our practice. In twelve years' practice, both private and clinical, where we have met rare

cases in our clinic, also in visiting the clinics in New York and Europe, I have never seen a case, and I think this is a valuable addition to our literature.

Dr. A. J. Vance, Harrison Ark.: Like Dr. West, as a practitioner of many years I run across a great many similar cases of this disease, but not in that particular location. This is a new one on us. I am glad the doctor reported the case, as I know we all came here to learn. I have never seen a case like it, and I am glad to know the case terminated successfully. I have felt benefited by having listened to the paper, and it will induce me to look a little more deeply into these cases, so that I may hereafter be able to recognize the same condition. I hope I shall not be unfortunate enough to have to deal with one of these cases. However, we never know when we are going to have them, and when they occur we have to meet them as best we can.

Dr. Runkle (closing the discussion): I have attempted to search the literature and have been unable to find much on it. I fully believe this case to be one of Raynaud's disease. The patient had all the characteristic symptoms, and symmetrical gangrene was present.

In answer to the doctor's question in regard to the differential diagnosis between herpetic eruptions and symmetrical gangrene, in herpetic eruptions we do not have the asphyxia following, and the gangrenous paroxysms, such as we have in Raynaud's phenomena.

I was in hopes of being able to bring the patient with me to show you when I announced my subject, but at the last moment was not able to bring a photograph of the case, as the patient refused to have a photograph made of the condition. The case is rare, the only one I have been able to find on record involving these particular parts. Raynaud's disease involving other parts is not so very rare. This patient was a young lady, well nourished and apparently healthy otherwise. Of course, I did not see the condition until she came to me with this trouble involving the upper eyelid. I felt that a report of this case would be of considerable interest to you. This is the first case I have ever seen of Raynaud's disease involving any part, and so far as the ocular appendages are concerned, I am unable to find a case reported.

#### A CASE OF ECTOPIC GESTATION WITH ESCAPE OF FETUS THROUGH THE RECTUM\*.

By J. D. Harbert, M. D., Marie.

In October, 1908, I was called to see Molly J., a mulatto, age 28, who gave the following history: In February she had her menses, and from that date until the latter part of April got along fairly well. In May she began to have nausea, abdominal pain, backache and headache. Her bowels were constipated. She consulted Dr. W., who gave her "medicine to regulate her menses," but after several days of medication she not only did not improve, but grew worse, the pains increasing in severity, accompanied by a slight hemorrhage from the uterus.

\*Read before the Mississippi County Medical Society, April 9, 1909.



Growing steadily worse, she again called her physician, who did a curettage, informing her that he had removed "everything." After this operation her fever ran high for a few days, when it assumed a low, continued form. The abdomen remained large and was tender on pressure for several weeks following this operation. She became much emaciated. Her bowels remained in a constipated condition.

On my first visit she told me she believed she was pregnant, and that the pains she was having were very much like labor pains. She had been having these pains for several days. Her temperature was 99° F., pulse 88 and weak, respiration 21. She was a mere skeleton. The skin was dry, bowels constipated and she was extremely nervous. There was no dullness on percussion over the abdomen. A digital examination of the uterus showed no abnormality. A pale fluid was drawn from the breast. Excepting a simple tonic, I gave her no medicine. I did not see her again until October 20, at which time I was sent for in a hurry, with the statement from the runner that she was passing some bones. I found her condition apparently the same as at my previous visit. She informed me that she had passed two or three bones that resembled the bones of a baby skeleton. I made an examination of the uterus and found it to be normal. Through the vagina I examined the rectum and found it to contain a large mass. I dilated the rectum and found this mass to contain bones of a fetus and fecal matter. All the soft tissues of the fetus had undergone putrefaction, and the bones were denuded of all muscles. I carefully removed all the bones, those of the skull and pelvis presenting quite a little difficulty. The treatment consisted of antiseptic rectal irrigations, iron, quinine and strychnine internally. Her temperature was normal the following day, and her recovery was rapid and unevenful.

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ADDRESS DELIVERED BEFORE THE WHITE-  
CLEBURNE COUNTY MEDICAL SOCIETY,

BY A. G. HARRISON, M. D., KENSETT.

*Mr. President and Gentlemen of the White-Cleburne  
County Medical Society:*

Some weeks ago I was asked by your very worthy secretary, Dr. Tapscott, to prepare a paper for this occasion, and I have made an effort, because I feel that it is my duty to do whatever is within my power to make these meetings a success. After having made up my mind to contribute this paper, I began to look around for a subject which might prove interesting to you and to which I could do justice; finally I reached the conclusion that there is no subject pertaining to the practice of medicine which has not been worn threadbare by physicians of exceptional ability, as well as by those who are thoroughly incompetent and narrow-minded enough to advance argu-

ments teeming with "hoodooism," "grannyism" and "Christian Scienceism," but principally with "egotism." Consequently, I began to think that for the lack of a subject I would be compelled to abandon the idea of complying with the request.

But I remembered that on one occasion, when I was a boy, I went to hear one of my father's negro tenants preach. He was as ignorant of theology as he was of wireless telegraphy, and as illiterate as his ancestors still living in the jungles of Africa; consequently, I was all the more anxious to hear his sermon. He began by saying, "Brud-ders and sisters, you will not fin' me confin' myself to no sartin potions of the Scriptures, but if you jes follow me closely you fin' me hear, dar and elsewhar." Well, I must confess it was the most interesting sermon to which I had ever listened, even though it was a rhetorical Chinese puzzle. So, gentlemen, you may be puzzled to know my subject, even after this paper is finished, but I hope you will appreciate the spirit which prompted the effort, and I am sure my critics will deal leniently with me when I tell them that this is my first offense.

I was asked on one occasion before to deliver an address of welcome to a meeting of medical men, and I spent sleepless nights and laborious days preparing an oration which I thought would do honor to the society which I represented and be a credit to myself. After preparing this oration and memorizing it thoroughly, I would practice the delivery as I rode through the swamps at night with the moon, the stars, frogs and katydids for my audience, and I assure you I thought it was a howling success. The moon seemed to leap and bound with enthusiasm, the stars smiled their approval, and the frogs and katydids encored me unceasingly. But when the time came for me to deliver this famous oration to an intelligent audience composed of medical men, their wives, daughters and guests; when I saw, instead of that pale face wanderer, the more illuminating face of the chairman of the meeting, and, instead of so many noiseless little diamonds twinkling from far away, the more brilliant eyes of a highly intelligent audience, supported by ears to hear and tongues to criticise, my mind became a vacuum and all I could think to say was, "We welcome you."

I suppose every young man entering a medical college is filled with enthusiasm as to what his future shall be when he returns from the institution with that great, big title, "M. D." Little do they know that they have merely laid a foundation upon which to build, and many years will pass over their heads before this structure will be ready for occupancy. When I received my diploma I felt that the fight was over and that the battle of life was won. I thought my ship was built of faultless material; that it was launched on a great, scientific ocean, and that it only remained

for me to command the sails and a gentle breeze would take me swiftly and smoothly over a peaceful sea, while the birds would sing to satisfy my musical soul and the sweet aroma of Nature's choicest flowers would soon blot from my memory the odor of the dissecting room. But alas! I was awakened from this pleasant dream by a horrible nightmare, and shudderingly realized that my smooth sailing was over. When I found myself groping in utter darkness without the guidance of my *alma mater*, the clouds began to gather, the thunders rolled, and the lightning flashed; then it was I realized that I had chosen for my life's work the greatest of all professions—the one fraught with more responsibility, more long, cold rides, more sleepless nights, with less pay and fewer thanks than any other. Since experiencing these facts and remembering that some one has said, "Life is what we make it," I have been studying the causes of the doctors' troubles and have been trying to find a remedy for them.

Our troubles are indeed numerous and varied, but I shall only mention two or three of the more common ones which have presented themselves to me in my limited experience as a practicing physician. Personally, my greatest trouble is my inability to make a correct diagnosis. I think the practice of medicine is pleasant only in proportion to the physician's ability to make a true diagnosis of the case before him. I tried for a long time to content myself with telling my patients they had "malaria," "congestion," or "slow fever," and that the baby had "fever" or "convulsions" from its teeth, or worms; and the lying-in woman had "milk fever." But since I have found that "milk fever" is a myth, that "teething" and "worms" are the least frequent of all causes of fever and convulsions in children; that "slow fever" is a misnomer, and that "congestion" and "malaria" are but Mammoth Caves in which the ignorant doctor seeks shelter when crowded by the laity for a diagnosis, my very soul swells with indignation at their mention. Candidly, I have heard that great bug-bear of pathology, "congestion" used, or perhaps I should say misused, so much that I am actually ashamed to use the term where it properly belongs; that is, in referring to the third stage of inflammation. As for "malaria," I have long since learned that the man in the practice of medicine, who finds the most cases of it, is the most ignorant of his profession.

There are hundreds of men intellectually incompetent to enter any profession daily seeking admission into our ranks; and when these men are instructed by physicians presumed to be able and skillful, that nine cases out of every ten they are called upon to treat are malaria (for which quinine is a specific), and the tenth one a case of labor, in which nature should be allowed to

take her course, regardless of whether the patient sinks or swims, why should we marvel?

I have actually known of physicians who enjoyed a "cream practice," telling intelligent women they had a "weed in the breast." Such a diagnosis would have been excusable coming from our forefathers, or perhaps from some self-made veterinarian, but it should be just as foreign to a professional man's language as vulgar phraseology to a minister's. Just so long as this ancient, meaningless, nonscientific nomenclature is imposed upon an intelligent people, just so long will Christian Scientists, osteopaths and other charlatans feed and thrive within our field of resources. It is high time that we begin to show the world that we have evolved beyond the dark ages, when our ancient ancestors used such inexpressive terms to conceal their ignorance of pathology.

I shall merely make mention of the advertising quack who professes to cure cancer, tuberculosis and other incurable diseases, as a source of nuisance to us, as they merely live on our debris; and, as a rule, the class of patients who are duped by them are so grossly ignorant that the reputable physician does not care to have his patience taxed by them.

But there is another faker who has and will always prove a thorn in the flesh of all intelligent, conscientious physicians. He is the man among us who heralds his ability to cure pneumonia, typhoid fever and other self-limited diseases, for which the ethical and skillful physician knows there is so far no specific, and excepting a few such cases to which our authorities refer as abortive forms of these diseases, they invariably run their course, and all we can do is to take care of the patient and let the disease take care of itself. This same man will rush into a home where a nervous little woman is standing weeping over the sleeping form of her first-born—she mistaking its sweet, peaceful slumber for unconsciousness and impending danger—throw off his coat, tie, collar, and perhaps unbutton his suspenders, and in a frenzied excitement order one to bring hot water, another to quickly get the mustard, and a third to hurry for a syringe, while he drops a few drops of lavender in a glass of water and orders a teaspoonful given every fifteen minutes until the child is improved. After a few minutes' torture by this noteworthy physician and two or three female coadjutors, who invariably rush to such cases to help excite the mother and receive a benediction from the hands of the walking, medical encyclopedia, the baby awakens, and, after fussing a little in its own innocent way over having its sleep disturbed, looks up at its mother and smiles, or reaches for a rubber doll, and shows other signs of wonderful improvement for a child whose life but a short time ago, according to the doctor's statement, was suspended by a bit of thread.



While this learned gentleman readjusts his toilet, he informs those present that the baby had cerebro-spinal-meningitis, or perhaps "congestion," and had he been five minutes later in arriving there would have been rejoicing in heaven over the arrival of another soul. You may ask how this man makes trouble? I will tell you.

A reputable physician who goes about his work in a quiet but determined way, with his patients' interests uppermost in his mind and a keen sense of duty to the lofty profession in which he is enlisted, courting not the praises of an over-enthusiastic layman, nor fearing the base ingratitude which so often comes from an ungrateful public, is called to see some one who is truly afflicted with some of these fatal diseases which this afore-said faker all but controls by his magnanimous presence. He informs the family of the gravity of the situation and expresses much apprehension for the patient's life. Then it is that one of these she pragmatists, who helps the enchanting healer restore the newly-wed's baby to life, looks over a pair of brass-brimmed spectacles and says, "Doctor B. can cure that patient, for I seen him raise one with the same disease, only a heap worser. It begin to git better from the very fust dost of medicine." The family, of course, is very anxious that this medical genius, this inspired man, who was evidently put on earth by an All-wise Deity to preserve life until the end of time and then superintend the resurrection of the dead, should be called in. He comes, and after seeing that he has to battle with a real, instead of an imaginary, pathological monster, he still further adds grief and anguish to a heart-broken family by telling them that he was called too late. Ah, gentlemen, such a man in our ranks is a mere brilliantine amidst a cluster of real diamonds, and his name appearing on the list of accredited physicians is like a leper in society.

The last trouble which I shall mention is perhaps the greatest—that is the doctor's finances. We are far from living on the fat of the land, as is the presumption of the laity. We are the first to be thought of in the hours of distress and pain, but the last to be remembered in the harvest time. When I see a young man starting out to make a physician of himself, realizing that he has four years of hard work before him, associated with the expenditure of several thousand dollars before he is eligible to pursue the practice of his profession, to say nothing of the numerous incidental expenses, besides the cost of living until he has established a practice sufficient to support himself, I think of the story of Elijah and the raven, and wonder if the red-headed woodpecker will come to this young M. D.'s rescue.

I have reached the conclusion, after several years in the active practice of medicine, that from a financial standpoint a medical education is the

poorest investment possible for a man's money, provided he remains within the bounds of legitimate business. The same amount of hard work, mental worry and careful consideration supporting the capital necessary to obtain a medical education invested in any legitimate business will pay much larger dividends than the practice of medicine. I am aware that there are some exceptions to this statement, for some physicians are making fifty to one hundred thousand dollars per year, while they only expended two or three thousand dollars preparing themselves for practice; but these are evidently very greatly in the minority. A few years ago the statistics showed the average annual income of the physicians in the United States to be less than five hundred dollars per capita, and I am sure conditions have not improved recently, but rather think that, in view of the greatly increased number of physicians being turned out by the "mills" every year, it is still less now. I do not know wherein the trouble lies, but I think I can see some imperfection in ourselves, as well as in the laws which regulate the practice of medicine.

We are a jealous, selfish and egotistic class of men. We look upon a brother practitioner as a competitor, rather than a colleague; consequently, we overreach the bounds of ethics in our mad struggle for practice. It is with much chagrin that I note that some of our physicians who pose as reputable men, and who, I might say, are otherwise ethical in their dealings, are daily trampling upon the dignity of the profession, bringing tears to the eyes of our majestic profession and stamping commercialism upon her noble brow by so-called "legitimate advertising." If I were going to put a patent nostrum on the market I should want two hundred dollars with which to supply my stock, and five thousand dollars with which to advertise its merits. Just so, if I should wish to put a "patent doctor" on the market, I should want two hundred dollars with which to prepare him to practice medicine, and five thousand dollars with which to buy space in the local papers in the county in which he resided. On the front sheet I would announce to the world in flaming headlines his wonderful success in operating for bone-felons and ingrowing toe nails. Then I would pick him up in the editorial column and soar him to Neptune's lofty height for having sat bravely and unflinchingly by the bedside of a parturient woman while old Dame Nature, in spite of his ergot and quinine, delivered to the mother an heir. When I see a physician soliciting, or even permitting his name to be used in these advertising sheets, I think, "Poor man, you have lost confidence in yourself and all respect for the worthy profession which painfully tolerates your odor." Is there any wonder, when the world sees such disgraceful efforts

to secure practice, that it takes advantage of our desperate condition to obtain our services free of charge by switching from physician to physician? Arkansas has from time immemorial been the dumping ground for the cull material of the medical colleges of the world, but, thanks to the heroic efforts of the Arkansas Medical Society, much good has been accomplished in the way of better medical legislation.

I cannot close this paper without pleading earnestly with every lover of our profession to take an active interest in his medical society, and let us earnestly persist in the effort toward reformation until, through constant exercise of perfected legislation and loyalty to our code of ethics, we shall have wrenched the profession from the coils of *mysticism*, *commercialism* and *criticism*, and elevated it to the exalted position to which its intrinsic worth and noble purposes justly entitle it. It is true we may not live to reap the full reward of our efforts in this direction, but we can pave the road for our successors as did Scheele blaze a path to chemical recesses for us.

The science of medicine is so broad in its sphere and so unlimited in its depth that even the great minds of the present age can never master it in its entirety. When such national characters as Wyeth, Murphy, Osler and other leaders of our profession shall have visited their last bedside, written their last prescription, or performed their last operation, they will gaze into the dim, distant future and see the professional horizon, only to realize that the end it not there. So, gentlemen, it behooves the younger men to follow their example; to strive on and on in that same direction until their evening sun shall have set; and then other great, young minds, full of energy, ambition and determination, profiting by their experience, will take up this noble work where they leave off. And so on; until centuries from today, I fancy I can see the world take off its hat to the greatest of all men—the men who will have mastered in its entirety the grandest profession known to mankind.

In conclusion, may I ask to become a member of your society, that I may contribute my "mite" to your heroic efforts toward the upbuilding of this wonderful profession; and as the pendulum of time swings to and fro, may each stroke bring us nearer and nearer the goal upon which our hearts are centered, "Perfection."

The Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. The Jefferson Hotel will be the official headquarters. For information address the State Secretary, or Dr. W. J. Lowe, Secretary, Pine Bluff.

RETIRING ADDRESS OF DR. O. HOWTON,  
PRESIDENT OF THE MISSISSIPPI  
COUNTY MEDICAL SOCIETY, DE-  
LIVERED MARCH 9, 1909.

*Gentlemen of the Mississippi County Medical Society:*

Today marks the end of another fiscal year in the history of our society and also designates the beginning of the new year to come. According to information obtained from our elder members, the birth of the society dates back to the year 1878. It, no doubt, was organized with but few members, but the existence of the society through all these thirty years attests the activity and professional fraternalism of its charter members.

The new year begins under the most favorable circumstances. Four years ago the society numbered only fifteen, the year 1908 numbered twenty-eight, a number surpassed by only three counties in the entire State. I will add that every eligible physician in the county holds county and State membership, except one, and this gentleman has been importuned many times by the secretary and other members, but without success. However, we might well content ourselves and rejoice that there is but one eligible physician in the county without our ranks. Had we succeeded in getting this gentleman in the society we could have reported to the State society 100 per cent of eligibles to membership; this we are very anxious to do, as then no county society in any State could have reported a greater percentage.

This society should congratulate itself upon the progress made in organization, but much toward making the scientific work a success remains to be done. The necessity of organization seems to have entered the mind of man in his primeval estate, when it seemed to be in families in the form of government for mutual benefit. In every period in the history of the world man has thought best to organize; the first marriage vow was a form of organization for mutual benefit and well-being; our Saviour organized His church on earth against which He said "the gates of hell should not prevail;" and now, in these modern times, we have organizations of every kind and character, from the millionaire banker to the hobo tramp, which shows that we as human beings love companionship with those engaged in like pursuits.

The physicians of this county are organized to promote professional brotherhood and mutual improvement by discussing questions pertaining to our profession. Our society offers an opportunity for social intercourse, resulting in bands of friendship that will last when many of us have passed away.

It is here that we find a listening ear, a sympathetic heart for the many difficulties and trials that we meet in our professional life. It is here



that envy, strife and personal differences are overcome and the band of union that should ever bind us together is made more strong.

We as practitioners have very few opportunities to develop our oratorical powers, therefore we should attend more meetings and participate in all discussions; then we would not be placed at such a great disadvantage when it becomes necessary to speak or appear in public meetings in any capacity. We should make the society our school of debate and should never fail to get upon our feet and deliver ourselves.

In his individual capacity the medical man has not been found wanting. Go where you may in civilized lands, you will find the physician self-sacrificing, patient and charitable, upholding the honor and dignity of his noble profession. When we as physicians want any particular legislation we should ask it as an organization, for if we are organized and stand as a body collectively, our influence has much more weight than when we stand alone and make demands as individuals. "In union there is strength." We must unite more strongly into one compact organization and thus force the admiration and respect of the laity.

The time has come for the public to be taken into our confidence; if we wish better results we must enlighten the people. They must be educated up to where they can understand the meaning of organized medicine, and they must be educated to differentiate our motto from that of the "charlatan" and the patent medicine vendors. The best people of our own respective communities class us with the quack, the charlatans and the druggists. They do it more from their ignorance and bad education along these lines than from prejudice toward us as physicians. However, we have allowed or permitted the laity to become educated by the patent medicine advertisers. The public is more than two decades behind advanced medical thought. It is our duty to keep them better informed by having public meetings and discussing matters that are of direct importance to them.

The public appreciates the saving of a life or limb by the skillful physician or surgeon, but it fails to see the priceless gifts to the human race made by preventive medicine, sanitary science and

hygiene. They view the real thing that can be seen by their eyes, but fail to consider what might have been, because there was no standard of comparison.

The public is being educated in regard to the "great white plague," tuberculosis. In some states committees have been appointed to devise ways and means of controlling tuberculosis; this should be initiated in every State and county society in the Union.

That doctors are poor collectors and bad investors and financiers, is a notorious fact. We should collect our bills at any expense; the physician owes it to himself, to his family, to his profession, and especially to the community at large, to manage his finances well; otherwise he cannot pursue his studies and give the sick his best efforts and services, which they have a right to expect and should demand.

We should all make frequent trips to attend our State and other societies; they get us out of the rut of self-satisfied content and aid us socially. Let us continue to strive for the honor, dignity and harmony of our society. United effort should be our watchword, and may the coming year find enrolled on our roster every eligible physician in the county, and may our light so shine that the laity may see our good works and thereby pay respect to our noble calling and stamp their seal of condemnation upon patent medicine, quackery and mysticism. And now, my fellow-doctors, I desire to express my sincere appreciation for the courtesy with which you have listened to this address. I am not insensible of the distinguished honor you have conferred upon me as your chief executive officer for the past year, and hereafter I shall strive to deserve that honor by diligent attention to whatever may affect the welfare of this society or its members, and whenever I fail it shall be from lack of power, rather than lack of will.

I shall ever bear in mind the pleasant memories of our association, and shall ever cherish the cordial friendships I have formed and enjoyed among its members. With kind feelings of good will to all, I extend my earnest thanks for the valuable assistance and good will that you, one and all, have so freely given me.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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Edited by  
**MORGAN SMITH, M. D.**

Secretary Arkansas Medical Society

108 Louisiana Street, Little Rock, to whom all business communications should be addressed.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon application.

### CHANGE OF ADDRESS.

Change of address will be made if the old as well as the new address be given.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

## Editorials.

### THE ANNUAL MEETING.

On the 18th, 19th, 20th and 21st of May, the Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff. All arrangements have been completed for the reception and entertainment of the visitors, and the preparations which have been made indicate that a large attendance is expected. Never before in the history of the society has such interest been shown in a State meeting, and although Pine Bluff is not centrally located, nor the most convenient place to reach, yet we predict that the registration will show one-third more members present than at the Little Rock meeting. The Jefferson County Medical Society and the citizens of Pine Bluff, at the last moment, again renew their cordial invitation to each member of the society to come and partake of their unbounded hospitality.

### THE PROGRAM.

The Committee on Scientific Work have completed their labors and we refer you to the program printed elsewhere in this number. All the essayists have been selected with care, and we believe you will agree with us that the papers bear evidence of high character. What promises to be of unusual interest is the public meeting arranged for the Arkansas Association for the Relief and Control of Tuberculosis. A symposium on tuberculosis has been arranged, to be participated in by Dr. J. S. Shibley, president of the Association, Prof. Junius Jordon, of Pine Bluff, and Dr. E. R. Dibrell, of Little Rock. Governor Donaghey, Judge Trieber and Judge Hill, of Little Rock, will be present and participate in the meeting. The audience will be invited to enter into the discussion. This meeting will be held in the First Methodist Church, one of the largest buildings in the State, in order to accommodate the large crowd expected.

### HEADQUARTERS.

General headquarters will be established in the magnificent new Hotel Jefferson. The hotel is in the center of the city, within easy walking distance of the place at which the general meetings will be held.

### REGISTRATION.

On Monday, Tuesday and Wednesday evenings at 8 o'clock the secretary will register members in the parlor of the Hotel Jefferson. The secretary or his assistant will be found in the directors' room on the right of the main entrance of the Y. M. C. A. hall, Fifth avenue and Main street, from 9 a. m. to 12, and from 2 to 4 p. m., where members may register and receive badges, cards, etc.

### PLACE OF MEETING.

All meetings of the society will be held in the Y. M. C. A. Auditorium, Fifth avenue and Main street.

### SPECIAL MEETING.

The annual meeting of the Arkansas Association for the Relief and Control of Tuber-



culosis will be held in the First Methodist Church, Sixth avenue and Main street, at 8 o'clock p. m.

#### EXHIBITS.

All exhibits will be found on the first floor of the Y. M. C. A.

#### ANNUAL BANQUET.

The annual banquet will be given at the Bluff City Hall on Friday evening of the 19th. Tickets may be obtained from the secretary at the time of registration.

#### CLINICS.

A series of clinics have been arranged at the local hospitals, the program of which will be announced from day to day. Some of the best surgeons in the South will hold these clinics.

Hotels.—Hotel Jefferson, Arlington and Antlers. Modern, and rates regular.

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#### THE TURNER BILL BECOMES A LAW.

It will be appreciative news to the members of the State Society to learn of the almost unanimous passage of the Turner bill by the House of Representatives on April 23, the bill having previously passed the Senate by a good majority. Governor Donaghey, a strong friend of medical legislation, signed the bill on the 6th, but owing to a provision contained therein the law will not become operative until after the July meeting of the State Boards. Then an end will be put to the farcical conditions which have existed in this State so long, and a new and better era may be looked for.

That the passage of such a sane measure as this one required the expenditure of much time, patience, work and worry, passes without question, and only those who have been actively at work and on the ground can have any conception of the obstacles that had to be overcome and the truces effected in order to pluck success from what was apparent defeat. To Dr. George S. Brown, of Conway, a member of the Committee on Medical Legislation, the unbounded gratitude of the so-

ciety is due. By a refined diplomacy—in not an instance inconsistent with the dignity and honor of the cause he represented, but always the admiration of his colleagues—he was able to make friends of enemies, activate the indifferent and temporize the undue ardor and importunities of overzealous adherents. Thus he worked for days, sacrificing his lucrative practice at home to the sacred interests with which his society had entrusted him, making the state house his headquarters and the legislators his friends. He enjoyed the opportunity and pleasure of seeing his unselfish efforts crowned with success. He has placed the Arkansas Medical Society under everlasting obligations and gratitude to him.

In thus bestowing praise upon one we do not desire to underestimate the valued aid rendered by the other members of the committee, namely, Dr. James T. Henry, of Eagle Mills, and Dr. Saint Cloud Cooper, of Fort Smith, for which we desire to make public acknowledgment. Valued assistance was also rendered by Dr. C. C. Stephenson and Dr. A. J. Widener, of Little Rock, the latter secretary of the Eclectic Board. Dr. Joseph T. Clegg shares abundantly in the honor of the victory, and made several visits to Little Rock to hold conferences with the committee. A number of physicians over the State contributed no little to the labor of the committee, and to make a long matter short, the bill could not have passed but for the force, character and influence of its father, the Arkansas Medical Society, and its daughters, the component societies.

It is quite one thing to write a sane medical bill, but altogether another to get one passed and enacted into law. To accomplish the latter the services of an experienced and dependable accomplice is required. Happily, but not without forethought, the committee hit upon one who heartily entered into the plans and purposes to elevate the standards of medical education in the State and to conserve the interest of the public health. Senator Arthur Turner, of Jonesboro, was selected to champion the bill, and from the moment he assumed responsibility of its senatorial fatherhood until it was passed by the house.

his interest never for a moment flagged, but unremittingly, and always with extreme dignity, fought the battles of the State Society in a most creditable manner. There was no organized opposition to the bill in the Senate, and when it reached the House it was more than half passed. The Arkansas Medical Society and the people of Arkansas in general, owe a debt of gratitude to the brilliant young senator of Craighead, and should he ever place himself in a position where he could use the united support and influence of one thousand progressive doctors, we believe we are justified in assuring him that there would be no break in the ranks.

The history of the Turner bill would be incomplete without honorable mention of Dr. H. F. Spillers, representative of Pope County and chairman of the House Committee on Public Health. Early in the session Dr. Spillers committed himself to any bill the committee might formulate, and the large majority by which the bill passed the House attests to his influence amongst the members. Here was an object lesson of what an intelligent, regular physician can accomplish in a legislative body, and we hope he may find it to his liking to ask for reelection and return to Little Rock two years hence. Dr. Spillers will graduate next year from the College of Physicians and Surgeons, and we can assure him that his application for membership in the State Society will be looked forward to with much pleasure, and his welcome into our ranks will be as genuine as our thanks are sincere for the invaluable services he has rendered organized medicine.

It is impossible to mention all the members of the legislature who worked and voted for the bill, but to all of them, individually and collectively, and to the governor, whose interest in the medical profession is second to none, the Arkansas Medical Society desires to make acknowledgment of its high appreciation of their good will and support.

As many requests have been received for copies of the Turner bill, we are again publishing it, a full text of which will be found in another place.

## PROGRAM

### Thirty-Third Annual Session of the Arkansas Medical Society

TO BE HELD AT

Pine Bluff, May 18, 19, 20 and 21, 1909.

#### OFFICERS, 1908-1909.

President—Joseph T. Clegg, Siloam Springs.  
First Vice-President—E. K. Williams, Arkadelphia.  
Second Vice-President—L. H. Hall, Pocahontas.  
Third Vice-President—B. D. Luck, Pine Bluff.  
Treasurer—J. W. Scales, Pine Bluff.  
Secretary—Morgan Smith, Little Rock.

#### DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

C. C. Stephenson, Little Rock.

#### Alternates.

G. A. Warren, Black Rock. B. Hatchett, Fort Smith.

#### OFFICERS OF SECTIONS.

Medicine—Dr. H. H. Niehuss, Chairman, Wesson;  
Dr. Olive Wilson, Secretary, Paragould.

Surgery—Dr. A. E. Sweatland, Chairman, Little Rock; Dr. B. F. Kirby, Secretary, Harrison.

Obstetrics and Gynecology—Dr. C. S. Pettus, Chairman, El Dorado; Dr. W. F. Smith, Secretary, Clarks-ville.

Pathology—Dr. O. K. Judd, Chairman, Little Rock; Secretary (not elected).

State Medicine and Public Hygiene—Dr. G. M. D. Cantrell, Chairman, Little Rock; Dr. M. Fink, Secretary, Helena.

Diseases of Children—Dr. J. R. Lynn, Chairman, Hazen; Dr. J. Tipton, Secretary, Mountain Home.

Dermatology and Syphilology—Dr. L. R. Ellis, Chairman, Hot Springs; Dr. John S. Wood, Secretary, Hot Springs.

#### COUNCILOR DISTRICTS AND COUNCILORS.

1908-9.

**First Councilor District**—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor: **J. E. Hughes**, Walnut Ridge. Term of office expires 1909.

**Second Councilor District**—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor: **H. O. Walker**, Newport. Term of office expires 1909.

**Third Councilor District**—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor: **W. H. Deadrick**, Marianna. Term of office expires 1909.

**Fourth Councilor District**—Ashley Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor: **William Breathwit**, Pine Bluff. Term of office expires 1910.

**Fifth Councilor District**—Calhoun, Columbia, Dallas, Lafayette, Ouachita, and Union counties. Councilor: **J. T. Henry**, Eagles Mills. Term of office expires 1909.

**Sixth Councilor District**—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk, and Sevier



counties. Councilor: **J. H. Weaver**, Hope. Term of office expires 1910.

**Seventh Councilor District**—Clark, Garland, Hot Spring, Montgomery, Saline, Scott, and Grant counties. Councilor: **J. C. Wallis**, Arkadelphia. Term of office expires 1909.

**Eighth Councilor District**—Conway, Johnston, Faulkner, Perry, Pulaski, and Yell counties. Councilor: **C. P. Meriwether**, Little Rock. Term of office expires 1910.

**Ninth Councilor District**—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone, and Van Buren counties. Councilor: **Sam G. Daniels**, Marshall. Term of office expires 1909.

**Tenth Councilor District**—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington counties. Councilor: **F. B. Young**, Springdale. Term of office expires 1910.

#### COMMITTEES 1908-1909.

**Board of Visitors to the University of Arkansas, Medical Department, and the College of Physicians and Surgeons**—F. W. Jelks, Hot Springs; L. Kirby, Harrison; H. C. Stinson, Little Rock; G. W. Hudson, Camden; B. D. Luck, Pine Bluff.

**Committee on State Legislation and Public Policy**—St. Cloud Cooper, Fort Smith; G. S. Brown, Conway; J. T. Henry, Eagle Mills.

**Committee on Scientific Work**—W. S. Stewart, Chairman, Pine Bluff; A. C. Jordan, Pine Bluff; Morgan Smith, Little Rock.

#### STATE BOARD OF MEDICAL EXAMINERS

First District—M. Fink, M. D., Helena.

Second District—F. T. Murphy, M. D., Secretary, Brinkley.

Third District—F. B. Young, M. D., Springdale.

Fourth District—M. L. Norwood, M. D., Lockesburg.

Fifth District—Geo. S. Brown, M. D., Conway.

Sixth District—Vernon MacCammon, M. D., Arkansas City.

Seventh District—J. C. Wallis, Arkadelphia.

#### COMMITTEES.

**Committee to Perfect An Organization for the Study and Prevention of Tuberculosis**—J. S. Shibley, Paris, Chairman; D. C. Walt, Little Rock; M. G. Thompson, Hot Springs; W. B. Lawrence, Batesville; J. B. Bolton, Eureka Springs; H. C. Dunavant, Osceola.

**Committee to Arrange for An Examining Board to Pass on the Qualifications of Applicants to the Medical Colleges in Arkansas**—G. A. Warren, Chairman, Black Rock; W. N. Yates, Fayetteville; H. Thibault, Scott.

**Committee on State Charity Hospital**—S. E. Thompson, Chairman, El Dorado; Anderson Watkins, Little Rock; J. R. Davis, Mena; C. M. Lutterloh, Jonesboro; Wm. Crutcher, Pine Bluff.

**Committee on Advertisements**—C. E. Witt, Chairman, Little Rock; W. B. Ellis, Helena, and T. F. Kittrell, Texarkana.

**Arrangements Committee**—William Crutcher, Chairman, Pine Bluff; A. C. Jordan; A. W. Troupe, O. C. Hankinson, and J. C. Scales.

#### ANNOUNCEMENTS.

The thirty-third annual session of the Arkansas Medical Society will be held on Tuesday, Wednesday, Thursday and Friday, May 18, 19, 20 and 21, 1909, at Pine Bluff.

All meetings, unless otherwise specified, will be held in the Y. M. C. A. Auditorium, corner of Fifth avenue and Main Street.

The first meeting of the House of Delegates will convene Tuesday morning at 9 o'clock.

The first General Meeting will be held Wednesday morning at 9:30, at which time the annual addresses will be delivered. On the afternoon of this day, the first sectional meetings will be held.

The Section on Medicine will convene Thursday morning at 9 o'clock. The afternoon session will be open at 2 o'clock.

The Section on Surgery will convene Thursday morning at 9 o'clock.

The Section on Obstetrics and Gynecology will convene Thursday afternoon at 2 o'clock.

#### REGISTRATION.

A Registration Bureau will be established in the Hotel Jefferson and at the Auditorium. Members are requested to register promptly on arrival and receive the membership badge. Tickets and invitations will be issued to all who desire to attend the social functions.

#### RAILROAD RATES.

All railroads in the State have made a rate of fare and one-third, certificate plan, and members are requested to present their certificates to the Secretary for his signature in order to secure the reduced fare home.

#### HEADQUARTERS.

The Jefferson Hotel will be the official headquarters and mail, telegrams and phone messages should be sent in care of the Secretary. This will insure prompt attention.

#### EXHIBITS.

We specially request our members to do our exhibitors the courtesy of investigating their exhibits.

#### HOTELS.

Jefferson.

Arlington.

Antlers.

#### THE ANNUAL BANQUET.

The annual banquet, given by the Jefferson County Medical Society, and complimentary to members and visitors, will be given at the Bluff City Hall Friday evening at 9 o'clock. The very best speakers in the State have been secured.

#### SPECIAL MEETING.

The Arkansas Association for the Relief and Control of Tuberculosis will hold a public meeting in the First Methodist Church, corner of Sixth avenue and Main street, Thursday evening, at 8 o'clock. Dr. J. S. Shibley, president of the Association will call the meeting to order, a short introductory address being made by Dr. William Crutcher of Pine Bluff. Governor Donaghey will attend this meeting.

#### NOTICE.

The Committee on Scientific Program has limited the reading of a paper to fifteen minutes, the opening discussion to five minutes, and the general discussion to ten minutes. The Chairmen of the Sections are requested to see that this rule is observed. All papers read at the annual meetings become the property of the Society and after a paper is read, the author is requested to deliver it to the Section Secretary. All original articles will be published in the Journal.

**BUSINESS PROGRAM.****First Day—Tuesday, May 18.**

First Meeting of the House of Delegates.

Morning Session 9 o'clock.

Order of Business.

1. Call to order by President Clegg.
2. Invocation by Rev. T. Y. Ramsey, Pine Bluff.
3. Roll call.
4. Reading of the minutes of the previous session.
5. Appointment of committees by the President.
6. Introduction of business requiring immediate attention.
7. Report of Committee on Arrangements, William Crutcher, Chairman, Pine Bluff.
8. Report of the Secretary.
9. Report of the Treasurer.

Afternoon Session, 2 o'clock.

10. Report of the Chairman of the Council.
11. Report of the Committee on Scientific Work. W. S. Stewart, Chairman, Pine Bluff.
12. Report of the Committee on Public Policy and Medical Legislation. St. Cloud Cooper, Fort Smith.
13. Report of the Chairman of the Board of Visitors to Arkansas Medical Colleges.
14. Report of Committee to Perfect an Organization for the Study and Control of Tuberculosis; J. S. Shibley, Chairman, Paris.
15. Report of the Committee on State Charity Hospital; S. E. Thompson, Chairman, El Dorado.
16. Report of Committee on Publication; C. E. Witt, Chairman, Little Rock.
17. Reading of communications, addresses, memorials and resolutions.
18. Selection of the Nominating Committee.
19. Unfinished business.
20. New business.
21. Miscellaneous business.
22. Adjournment.

**First General Meeting.**

Y. M. C. A. Auditorium, Fifth Avenue and Main Streets.

**Second Day—Wednesday, May 19.**

Morning Session, 9 o'clock.

1. Calling the meeting to order by First Vice-President E. K. Williams, Arkadelphia.
2. Invocation by Rev. J. I. Norris, Pine Bluff.
3. Address of welcome on behalf of the city of Pine Bluff, Hon. W. L. Toney, Mayor.
4. Address of welcome on behalf of the Jefferson County Medical Society, C. E. Caruthers, President.
5. Response to welcome addresses, James H. Le-now, Little Rock.
6. President's annual address, "The Duty of Imparting Information to the Public Concerning Preventable Diseases." Joseph T. Clegg, Siloam Springs.
7. Referring of addresses.
8. Report of Committee on Arrangements, William Crutcher, Chairman.
9. Adjournment.

Afternoon Session, 2 o'clock.

1. Call to order.
2. Reports, special and general.
3. Unfinished business.
5. Adjournment.

**Third Day—Thursday, May 20.**

Morning Session, 9 o'clock.

1. Call to order.
2. Unfinished business.
3. New business.
4. Adjournment.

**Fourth Day—Friday, May 21.**

House of Delegates. Third Meeting.

Friday Morning, 9 o'clock.

1. Call to order.
2. Report of committees.
3. Report of nominating committee.
4. Election of officers.
5. Unfinished business.
6. New business.
7. Adjournment sine die.

**SCIENTIFIC PROGRAM.****Section on Dermatology and Syphilology.**

Wednesday Afternoon, 2 o'clock.

Chairman, L. R. Ellis, Hot Springs; Secretary, J. R. Wood, Hot Springs.

Chairman's Address. L. R. Ellis, Hot Springs.

Syphilis of the Nervous System. Orvis Biggs, Hot Springs.

The Present Status of the Spirocheta Pallida, T. E. Sanders, Hot Springs.

The Duration of the Treatment of Syphilis. Eugene Carson Hay, Hot Springs.

Some of the Late Manifestations of Syphilis. J. M. Proctor, Hot Springs.

**Section on Pathology.**

Chairman, O. K. Judd, Little Rock; Secretary, W. S. Stewart, Pine Bluff.

Chairman's Address: The Pathology of Mitral Lesions. O. K. Judd, Little Rock.

Pneumococcus Endocarditis. C. H. Hoffman, Little Rock.

The Clinical Diagnosis of Syphilis. E. P. Bledsoe, Little Rock.

Discussion opened by M. D. Ogden, Little Rock.

**Miscellaneous Papers.**

Some Clinical Observations in Doing Mastoid Surgery—With Demonstrations. Robert Caldwell, Little Rock.

**Section on Practice of Medicine.**

Thursday Morning, 9 o'clock.

Chairman, H. H. Niehuss, Wesson; Secretary, Olive Wilson, Paragould.

Chairman's Address. H. H. Niehuss, Wesson.

The Education of the Laity. John S. Jenkins, Pine Bluff.

Discussion opened by William Crutcher, Pine Bluff. Race Suicide from the Physician's Viewpoint. E. E. Barlow, Dermott. Discussion opened by Vernon MacCammon, Arkansas City.

The Office Treatment of the More Common Diseases of the Rectum. C. P. Meriwether, Little Rock; discussion opened by L. E. Willis, Newport.

Polypharmacy and Therapeutics, Then and Now. L. P. Gibson, Little Rock. Discussion opened by Z. Orto, Pine Bluff.

Report of a Medico-Legal Case. H. C. Dunavant, Osceola. Discussion opened by M. Fink, Helena.

Tetanus; Report of Cases. G. A. Warren, Black Rock. Discussion opened by H. N. Dickson, Paragould.

Pellagra. L. D. Wadley, Wesson. Discussion opened by W. S. Stewart, Pine Bluff.

Afternoon Session, 2 o'clock.

Pernicious Malaria. F. O. Mahoney, Huttig. Discussion opened by S. E. Thompson, El Dorado.

The Management of Malaria. E. I. McGehee, Lake Village. Discussion opened by H. M. Owen, Newport.

The Pathology of Malarial Hemoglobinuria. William Krauss, Memphis, Tenn. Discussion opened by William Deadrick, Marianna.



The Exhibition of Cases of Tuberculosis Presented in 1907 and 1908. Arthur E. Sweatland and D. C. Walt, Little Rock. Discussion general.

Amebiasis. John T. Jelks, Memphis, Tenn. Discussion opened by O. L. Williamson, Marianna.

Acute Dilatation of the Stomach and Duodenum. Charles H. Cargile, Bentonville. Discussion opened by Marion King, Texarkana.

Venereal Prophylaxis. G. A. Hebert, Hot Springs. Discussion opened by M. L. Norwood, Lockesburg.

The Therapeutic Value of Some of the Electric Modalities. W. T. Lowe, Pine Bluff. Discussion opened by J. B. Grammar, Searcy.

Physiologic Laws Governing the Action of Purgatives. G. E. Pettey, Memphis. Discussion opened by C. E. Witt, Little Rock.

#### Section on Surgery.

Friday Morning, 9 o'clock.

Chairman, Arthur E. Sweatland, Little Rock; Secretary, F. B. Kirby, Harrison.

Chairman's Address: Surgical Progress. Arthur E. Sweatland, Little Rock.

Post-Operative Ileus. Anderson Watkins, Little Rock. Discussion opened by J. W. Smith, Hot Springs.

Appendicostomy in the Treatment of Epilepsy. J. P. Runyan, Little Rock. Discussion opened by H. H. Rightor, Helena.

The Surgical Treatment of Tubercular Lesions of the Abdominal Cavity. Arthur C. Jordan, Pine Bluff. Discussion opened by A. C. Smith, Texarkana.

A Case of Neuroparalytic, or Trophic Ulcer, Treated Surgically. R. C. Dorr, Batesville. Discussion opened by E. P. Bledsoe, Little Rock.

An Interesting Case of Abdominal Surgery. Geo. S. Brown, Conway. Discussion opened by J. W. Meek, Camden.

A Few Observations Concerning Emergency Surgery. J. A. Foltz, Fort Smith. Discussion opened by W. F. Smith, Clarksville.

#### Section on Obstetrics and Diseases of Women.

Friday Afternoon, 2 o'clock.

Chairman, C. S. Pettus, El Dorado; Secretary, W. F. Smith, Clarksville.

Chairman's Address: C. S. Pettus, El Dorado.

Some Interesting Cases of Obstetrics. E. K. Williams, Arkadelphia.

Ectopic Gestation; Report of a Case. G. E. Cannon, Magnolia.

Extra-Uterine Pregnancy; Report of Cases. William V. Laws and William Chestnutt, Hot Springs.

Neuroses Due to Pelvic Lesions Treated Surgically. W. C. Dunaway, Little Rock. Discussion opened by Anderson Watkins, Little Rock.

Too Much Operative Gynecology. J. W. Meek, Camden. Discussion opened by C. R. Shinault, Little Rock.

#### SOCIAL.

Wednesday—2:30 p. m.: Auto ride for the visiting ladies. Assemble at the Jefferson Hotel.

8 to 10 p. m.: Reception to members, delegates and visitors, by Dr. and Mrs. A. C. Jordan, at their residence, 1519 Cherry street.

Thursday—3 to 5 p. m.: Musicales, complimentary to visiting ladies, Mrs. C. K. Caruthers, 1502 West Sixth avenue.

Friday—3 p. m.: Reception to visiting ladies, complimentary to her guests, by Mrs. A. W. Troupe, 915 West Fifth avenue.

9 to 12 p. m.: Annual banquet by the Jefferson County Medical Society complimentary to the members of the Arkansas Medical Society, at Bluff City Hall.

#### FIRST ANNUAL COMMENCEMENT OF ST. VINCENT'S TRAINING SCHOOL.

The first annual commencement exercises of St. Vincent's Training School for Nurses were held in the parlors of St. Vincent's Infirmary, corner of High and Tenth streets, at 8:30 o'clock Wednesday evening, April 7, 1909. The capacity of the building was insufficient to seat the large audience present and many had to stand throughout the evening. It was a representative audience, composed of Little Rock's best citizenship, all of whom were friends and well wishers of the institution, and many substantial benefactors to the cause for which St. Vincent's stands. Sister Benard is dean of the school, and her rare ability—professional and executive—was observable in every feature of the evening's program.

Previous to the rendition of the program, one of the beautiful corridors was converted into a banquet hall, where an eight-course dinner was served to the physicians present, most all of whom were members of the faculty. Dinner over, the exercises of the evening were begun with a piano solo by Dr. Felissa, house surgeon of St. Vincent's, followed by vocal solos by members of the graduating class. Bishop Morris, in a few well-chosen remarks, delivered to each of the eight graduates her diploma, after which Mayor Duley made a short address, in which he referred to the just pride the citizens of Little Rock should feel in the school, and gave a history of its struggle for existence. The addresses of the evening were delivered by Dr. Edwin Bentley and Dr. W. E. Green, of Little Rock.

#### DR. BENTLEY'S ADDRESS.

It seems to me proper to acknowledge what I accept as a compliment on being asked to address, tonight, this assembly of selected ladies and gentlemen. I think I should also congratulate the Sisters who have given such excellent teaching to this graduating class, and the class for having had the good fortune to receive such instruction from a body of experienced and accomplished teachers, and for the fact of graduating from St. Vincent's Infirmary, an institution which is an ornament to the progress and advancement of the commonwealth of Arkansas.

I attribute the fact that I was asked to address you tonight to my relations with the old institution on East Markham street, where I knew all the Sisters and well remember their faithful devotion to duty. Many of them I often see in my imagination, on duty in the wards, and I recognize the fact that their mantle of ability, faithfulness and devotion is most worthily represented in the new St. Vincent's Infirmary. But it is to you, young graduates that I am to speak, you who represent a great acquisition to the medical profession, especially to the practitioners of medicine, surgery and obstetrics. You have come to be of such general and indispensable use that your real worth is not altogether recognized and appreciated by those of us in modern times who have the benefit of your worth and service, as it is by those who practiced without you thirty or forty

years ago. Then doctors had to depend on the members of the family, relatives and friends; or perhaps some old lady, too infirm to care for herself and needing to be waited upon herself, would be secured in the absence of some one better. Sometimes organized societies of various kinds would detail members to do the watching for the sick of the lodge. This was very unsatisfactory to the doctor and gave him continual anxiety in cases of danger. Twenty years ago an example of this kind of care for the sick came to my notice, in the person of a very worthy citizen. Three comrades were detailed as watchers. Some of them, I felt, had little confidence in me. At 2 o'clock in the morning I visited the patient and found him delirious, wandering about the room while the three men who were supposed to take turns in watching, in order that they might work the next day, lay asleep on the floor. In arousing these watchers (?) an opportunity was presented to retaliate in kind, it being understood that they did not appreciate my service. The patient got well. None of these unpleasant experiences occur with the trained nurse, and their assistance in relieving the doctor's anxiety and care, as well as administering to the patient, can best be appreciated by the practitioners themselves.

I certainly would fail in my duty if I did not recognize the wonderful opportunities you have had during your years of training, not only of seeing and attending a diversity of cases, but having also impressed upon you the systematic order of doing things. This, in the course of an education, is of immense value. Habit is said to become a second nature and order is a part of the progress of the age. I must also tell you that in private life, in families, you cannot always find the same system and order of things that you have been accustomed to see in a well ordered institution like St. Vincent's Infirmary. You must learn to accommodate yourself to the conditions and circumstances as you find them, making such changes and improvements as may seem practicable, without complaint or discontent. Sensible people will appreciate you the more and certainly value your services none the less for the easy and pleasant way in which you may bring order out of confusion. Oftentimes allowances may be made.

You are not to appear in the role of critic, but rather as an intelligent and competent assistant, as a real friend. In this way you will gain the confidence of the house and the control of all that pertains to your duty, and contribute to the comfort of the sick and afflicted. Sometimes unexpected things arise to disturb the tranquillity of the sick room. Then you will find it well to remember the old proverb, "A soft word turneth away wrath, but a grievous word stirreth up anger." Now, your natural tact will come into requisition and you will learn to accommodate yourself to the situation, not try to frame the situation to yourself. But we will not dwell too much on these trivial matters. Your good sense and experience will teach you much by intuition.

An important thing for a nurse to bear in mind is the immense value of self-control. No one can control another without first learning to control self. Imagine yourself in the place of the patient, and think what you would like to have done; then it will be easier for you to make suggestions and administer the sympathy that you would like to have yourself in like circumstances. Sympathy is a mighty power when rightly exercised. People are different and the square rule will not always serve the nurse. She must accommodate herself to circumstances as far as possible,

without infringing on the rules of propriety. A sacrifice of character is never justifiable under any conditions or for any pretext. The golden rule is always safe to follow. The advances which have been made in modern times by education, hygiene and sanitation have placed nurses on a higher plane than they formerly occupied, and the knowledge of and attention to these important laws have well nigh revolutionized the profession of medicine and made possible the wonderful successes in all branches of the profession. In this work you are to become largely a party, and on your devotion and careful watching great success will depend. That you are prepared for these responsibilities, your training and experience in St. Vincent's Infirmary and your diploma are well attested guarantees.

Young advocates of the healing art,  
Your mission great consolation may impart,  
For in a sick and trying hour,  
Solace and comfort have a magic power.

In the grand pursuit now undertaken,  
May you never be from your purpose shaken,  
By any delusion that may arise,  
That on reflection you would despise.

Trying times you all well know  
On your patience will often flow;  
These trials you must all endure,  
When trying to make a cure.

Sisters, as nurses, we esteem and regard,  
Nothing does ever their devotion retard;  
In cases of danger they are ever brave,  
No loss of life where duty can save.

You now embark on a mission grand,  
For its right you should boldly stand;  
While your work is to cheer and bless,  
You must also be diligent for success.

To the faithful there is a just reward,  
Which will surely come of its own accord;  
Trust, then, to duty fairly done,  
The recompense is sure to come.

That all have cares none will deny,  
To all things in life they quickly apply;  
But rise to mistress of the fold,  
And your mission is quickly told.

Modesty becomes all walks in life,  
Few things are ever gained by strife;  
To the sick be ever kind and tender,  
This service is always safe to render.

With the wise training you have had  
You will make the sick and wounded glad,  
For nothing gives the patient more delight  
Than to feel that the nurse is doing right.

Many little devices you will gain,  
Which largely aid in dispelling pain,  
Quickly producing quiet slumber  
Where ills were raging without number.

With the knowledge you now possess  
The sick and wounded will you bless,  
And in the last and trying hour  
You may exercise a soothing power.

Finally, permit me a doctor's blessing to add,  
That you may be with great endurance clad,  
So long life and health may give such success,  
The Church and the world may also bless.



## DR. GREEN'S ADDRESS.

Man is born into the world the most helpless of beings, and his growth from infancy to childhood is a slow process of evolution that is beset with unusual dangers. It is only through the tender attentions of a loving mother that he successfully passes through the first decade of his life, and even with all this fostering care, about one child in four dies before the age of five years. From youth to manhood and throughout life to the end, dangers beset him on every hand. All the elements that are so necessary to his existence at times become his most dreaded foes and seemingly conspire to destroy him, not only singly, but by hundreds and thousands. But neither the fickle forces of nature nor the agencies devised by man himself have wrought such wide-spread havoc in human life as has the mighty germs of disease. Compensation is one of nature's greatest laws; the wildest storm is followed in a few hours or days by calm and sunshine, and thus it was that sickness and suffering had no sooner made their appearance in the life of man than sympathy and affection prompted earnest efforts to relieve him of his afflictions. From this generous desire to alleviate the distress and suffering from disease, some members of every community devoted their lives to the care of the sick; from this source and by this process the physician and the nurse were evolved, and from these primitive times both have grown in favor in exact ratio with the value placed upon human life.

The necessity for medical schools for the better education of physicians has long been recognized, but it was not until comparatively recent times that special preparation was deemed requisite for the better training of the nurse. Her full measure of usefulness, consequently, was not attained, and the sick did not receive the same intelligent care and comfort that is now given them through the ministrations of the trained nurse. Now that these advantages so long denied can be obtained, she is enabled to acquire a theoretical and practical knowledge of her art, and take her proper place by the side of the physician in ministering to the wants of the sick. Indeed, the trained nurse is considered well nigh indispensable in any case of serious illness, whether medical or surgical.

I congratulate you upon having successfully completed the course prescribed for you by your faculty. They have done their best to teach that which will enable you to intelligently discharge the duties of your chosen profession, and are here tonight to confer upon you your degrees and wish you God-speed. And to these good Sisters you owe much; a long life of gratitude cannot liquidate the debt. They have labored assiduously and patiently to instruct you; both by precept and example have they aided in your work. They have been teacher, mother, spiritual adviser, and, above all, they have surrounded you with a moral atmosphere that has been of far more value in your young lives than either gold or precious stones.

I also congratulate you upon the times in which you are to pursue your work, the most enlightened and progressive in the history of the world, and I indulge the hope that you will always be students, at least, so long as you are nurses. I want to impress upon you as forcibly as I can that your education is not completed, and the diploma presented you tonight is not a license to rest from your labors. It simply means that you have laid the foundation, firmly we believe, for future knowledge; and, since the superstructure must be reared

by you, take care that it is not "distorted, misshapen and half made up."

In selecting a field for your future work, try to choose one in which you would be willing to live all the rest of your life. You can never be at your best amidst unpleasant surroundings, and there is always room for a good nurse. You should live in as good a neighborhood, in as comfortable quarters, and should dress as well as your circumstances will permit, and always with good taste. When in doubt, choose quiet, simple styles rather than risk donning some "milliner's dream." The additional expense thus incurred will be more than repaid by this perfectly legitimate bit of advertisement. Cultivate tact and refinement of manner and speech. An offense against good taste is less easily forgiven than any other. "Get on familiar terms with good books, but with none of your neighbors." Do not talk much, rather listen. To be a good listener is said to be nearly as much of an accomplishment as to be a good talker, and the risk is nothing like so great. Good talkers do not always talk good sense. Above all things, do not discuss religion or politics, especially if you are not orthodox in your views. You may hold whatever opinions you please, so long as you do not give expression to them. Go to church wherever your inclination leads you, but do not in any way try to turn this to your professional advantage. Still, if in your prayers you make use of the words "give us this day our daily bread," surely no one ought to accuse you of having prayed for an epidemic. You are simply asking for your share of that which is ever present.

Your advent into many families will at first probably be due to the fact that you are the nurse most convenient, or maybe, the only one to be had at the time. Therefore, be ready to respond to all calls promptly, and take with you the usual nurse's equipment. Having accepted a call, be it in the palace of the rich or the hovel of the pauper, you must give the patient the very best care of which you are capable. Your manner should be cheerful and your every action characterized by gentleness. "Cheerfulness is a duty in the sick room. No illness was ever cured by anxiety, but many a one by hope." Gentleness is but a name for fineness of nature. "No single great deed is comparable for a moment to the multitude of little gentlenesses performed by those who scatter happiness on every side and strew all life with hope and good cheer." Gentleness is not incompatible with strength and mental firmness, and nature has more richly endowed woman with these qualities than her brother man, in fact, it is the sum of her endowments that makes her without a rival as a nurse. No matter what differences of opinion exist with regard to her fitness for other pursuits, when it comes to this there can be no doubt.

You must not talk about your patients, neither should you discuss your own affairs with them. Many sick persons take great pleasure in telling of their infirmities, but they are jealous of the privilege and resent any such impropriety upon the part of the nurse. Any nurse who would violate the confidences of the sick room is unworthy of her calling.

Never allow yourself to read novels or magazines while in active attendance upon a sick person, for the desire to pursue the thread of an interesting story may influence you to neglect your duty. I cannot impress upon you too strongly this advice. I must also warn you against another

great fault of some nurses, i. e., discussing your male friends with patients; you would be astonished to know how much complaint is made to the physician on this score.

Next to loyalty to the patient comes loyalty to the physician in charge. You must carry out his instructions faithfully and assist him in every way in your power. There may be times when you will feel that the patient's interests, or even life demand a change of doctors, but remember, that is not your affair. It should be left to the patient, his family or friends. Whenever you come to the point where you can no longer work in harmony with the physician and conscientiously carry out his instructions, you should retire from the case.

Do not go about singing the praise of some particular physician and try to get the patients of other medical men to employ him. Your championship will be of doubtful benefit to him and will stand in the way of your employment by others. You should speak well of all; when you are sick it will be your privilege to employ the physician of your choice, when your preference may be shown without offense. Never dare to prescribe for a patient you are nursing when there is a physician in attendance, except in urgent cases when circumstances demand it. This is an unpardonable act in the eyes of the physician and one that he will not soon forgive.

Now, you have chosen for your life's work a most laborious calling, and one in which the rewards are not at all commensurate with the services required. You will be called to attend the most dangerous and loathsome diseases; anxiety and care will be your almost constant companions. The consciousness of duty well done, and the knowledge that you have contributed in some measure to the relief of sick and suffering humanity, will be your chief compensation. But, perhaps your good fortune may appear to you in another guise. Some big man whom you have nursed back to health and strength may come back to you and on bended knees say, "I have an affection of the heart that you alone can cure. If you will succor me I will clothe, feed and protect you; I will love, honor and cherish you all the days of my life, and give you this heart, which you have made whole." Of course, this would be a pointblank retrogression from your high calling, but I cannot find it in my heart to blame you if you cure the patient and accept the fee.

#### THE MEDICAL PRACTICE ACT AS PASSED.

A Bill Entitled An Act to Amend "An Act to Regulate the Practice of Medicine and Surgery, and Providing for the Appointment of Three Boards of State Medical Examiners, and Defining Their Duties," Approved February 17, 1903.

*Be it enacted by the General Assembly of the State of Arkansas:*

That sections three, four, five, eight, ten and sixteen of an act to regulate the practice of medicine and surgery, and providing for the appointment of three Boards of State Medical Examiners, and defining their duties, approved February 17, 1903, be amended and reenacted to read as follows:

Section 3. Within thirty days after their appointment the respective boards shall meet and organize by electing a president, secretary and treasurer of their respective boards.

The treasurer of each of the said boards shall give bond in such amount as may be designated by

the boards, conditioned for the faithful disbursement of all moneys coming into his hands as such treasurer.

Each of the said boards shall have a common seal. The president and secretary shall have the power to administer oaths for the purpose of this act, and the boards shall make and adopt all necessary rules, regulations and by-laws not inconsistent with the laws of this State or of the United States, whereby to perform the duties and to transact the business required under the provisions of this act. The members of the board shall, before entering upon the discharge of their duties, take the oath prescribed by the constitution of the State for the State officers.

Sec. 4. The said boards shall hold two regular stated meetings per year, to-wit: The second Tuesdays in May and November, and at such places as a majority may agree upon, consulting the convenience of the boards and applicants for examination and certificates.

Sec. 5. The boards shall be styled and known as the "Homeopathic State Medical Board," "The Eclectic State Medical Board," and "The State Medical Board of the Arkansas Medical Society." The Homeopathic State Medical Board shall examine all applicants who have graduated from homeopathic medical schools; the Eclectic State Medical Board shall examine all applicants who have graduated from eclectic medical schools; the State Medical Board of the Arkansas Medical Society shall examine all other applicants. The boards shall act separately and independently of each other, and wherever this act refers to and defines the duties of the board, it shall be construed as referring to their acting separately, as well as independently of each other.

Sec. 8. Every person residing in this State, or coming into it, of the age of twenty-one years, who has not heretofore been licensed to practice medicine under the existing laws, making application to register under the provisions of this act for the purpose of practicing medicine in this State, shall first make application to the secretary of the board representing the school of medicine from which he graduated, and his application shall be accompanied by a fee of fifteen dollars, this fee being for examination and registration before the boards. The applicant shall present to the board satisfactory evidence of graduation from a reputable medical school, and a school shall be considered reputable within the meaning of this act whose entrance requirements and course of instruction are as high as those adopted by the better class of medical schools of the United States. Such examinations may be written or oral, and shall be of a practical character and conducted in the scientific branches only, and shall include Anatomy, Physiology, Medical Chemistry, Materia Medica, Therapeutics, Theory and Practice of Medicine, Pathology, Bacteriology, Surgery, Obstetrics, Gynecology, and Hygiene. All questions and answers, with grades attached, shall be preserved by the secretary for one year. If, in the opinion of the board, the applicant possesses the necessary qualifications, the board shall issue to him a certificate.

The boards may, at their discretion, arrange for reciprocity in license with the authorities of States and Territories having requirements equal to those established by the boards, and every person desiring license under reciprocity shall make application to the secretary of the board representing the school of medicine from which he graduated. Licenses may be granted applicants for license under reciprocity on payment of twenty-five dollars.

The boards may refuse to grant, or may revoke, a license for the following causes, to-wit:

(a) Chronic and persistent inebriety.



(b) *The practice of criminal abortion, either as principal or as abettor.*

(c) *Conviction of the crime involving moral turpitude.*

(d) *Publicly advertising special ability to treat or cure chronic and incurable diseases.*

(e) *The representation to the board of any license, certificate or diploma which was illegally or fraudulently obtained, or the practice of fraud or deception in passing the examination. In complaints for violating the provisions of this section, the accused person shall be furnished with a copy of the complaint and given a hearing before said board in person, or by attorney, and any person, after such refusing of revocation of license, who shall attempt or continue the practice of medicine, shall be subject to the penalties hereinabove described.*

SEC. 10. That to prevent delay and inconvenience, any member of the board applied to, *provided that the board applied to represents the school of medicine from which the applicant graduated*, may grant a temporary permit to practice upon the payment of the fee required for applicants, and after a satisfactory examination; such permit shall not continue in force longer than the next regular stated meeting of the board, *and shall not be granted for a longer period than two months in advance of the next regular and stated meeting of the board.*

SEC. 16. That all laws and parts of laws contrary to and in conflict with any of the provisions of this act be, and the same are, hereby repealed, and this act shall take effect and be in force in ninety days after passage.

*[Italics indicate the amendments.]*

## CONSTITUTION AND BY-LAWS

### OF THE

## ARKANSAS MEDICAL SOCIETY.

### ARTICLE I.—NAME OF THE SOCIETY.

The name and title of this organization shall be the Arkansas Medical Society.

### ARTICLE II.—PURPOSES OF THE SOCIETY.

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and

cure of disease, and in prolonging and adding comfort to life.

### ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall consist of those county medical societies which hold charters from this Society.

### ARTICLE IV.—COMPOSITION OF THE SOCIETY.

SECTION 1. This Society shall consist of Members, Delegates and Guests.

SEC. 2. MEMBERS. The members of this Society shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that Session.

### ARTICLE V.—HOUSE OF DELEGATES.

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) the Councilors; and (3) *ex-officio*, the President and Secretary of this Society.

### ARTICLE VI.—COUNCIL.

The Council shall consist of the Councilors, and the President and Secretary, *ex-officio*. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Six councilors shall constitute a quorum.

### ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

## ARTICLE VIII.—SESSIONS AND MEETINGS.

SECTION 1. The Society shall hold an Annual Session, during which there shall be held daily general meetings, which shall be open to all registered members and guests.

SEC. 2. The time and place for holding each annual session shall be fixed by the House of Delegates.

## ARTICLE IX.—OFFICERS.

SECTION 1. The officers of this Society shall be a President, three Vice-Presidents, a Secretary, a Treasurer and ten Councilors.

SEC. 2. The officers, except the Councilors, shall be elected annually. The terms of the Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first year five Councilors shall be elected annually to serve two years. All these officers shall serve until their successors are elected and installed.

## ARTICLE X.—RECIPROCITY OF MEMBERSHIP

## WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of re-election.

## ARTICLE XI.—FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$2.00 per capita per annum, except on a four-fifths vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

## ARTICLE XII.—REFERENDUM.

SECTION 1. A General Meeting of the Society may, by a two-thirds vote of the mem-

bers present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

## ARTICLE XIII.—THE SEAL.

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

## ARTICLE XIV.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

## BY-LAWS.

## CHAPTER I.—MEMBERSHIP.

SECTION 1. The name of a physician on the properly certified roster of members of a component society, which has paid its annual assessment, shall be *prima facie* evidence of membership in this society.

SEC. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3. Each member in attendance at the Annual Session shall enter his name on the



registration book, indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

#### CHAPTER II.—ANNUAL AND SPECIAL SESSIONS OF THE SOCIETY.

SECTION 1. The Society shall hold an Annual Session at such time and place as has been fixed at the preceding Annual Session by the House of Delegates.

SEC. 2. Special meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

#### CHAPTER III.—GENERAL MEETINGS.

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice-Presidents, and before them shall be heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

SEC. 2. The General Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

#### CHAPTER IV.—HOUSE OF DELEGATES.

SECTION I. The House of Delegates shall meet on the day before that fixed as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25

members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided for in this Constitution and By-Laws shall be entitled to one delegate.

SEC. 3. A majority of the Delegates registered shall constitute a quorum.

SEC. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who is reputable and eligible has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 9. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be

promoted thereby, organize in each a district medical society, and all members of component county societies shall be members in such district societies.

SEC. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

#### CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. The House of Delegates on the first day of the Annual Session shall select a Committee on Nominations, consisting of ten delegates, no two of whom shall be from the same Councilor District. It shall be the duty of this committee to consult with the members of the Society and to hold one or more meetings at which the best interests of the Society and of the profession of the State for the ensuing year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of three members for the office of President and of one member for each of the other offices to be filled at that Annual Session. No two candidates for President shall be named from the same county.

SEC. 2. All elections shall be by ballot, except where there is only one candidate, when election may be made by acclamation, and a majority of the votes cast shall be necessary to elect.

SEC. 3. The report of the Nominating Committee shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

SEC. 4. The election of officers shall be the second order of business of the House of Delegates on the morning of the last day of the General Session.

SEC. 5. Any person known to have solicited votes for or sought any office within

the gift of this Society shall be ineligible for any office for two years.

#### CHAPTER VI.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 3. The Treasurer shall give bond in the sum of \$1,000. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4. The Secretary shall attend the General Meeting of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by



counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same and turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

#### CHAPTER VII.—COUNCIL.

SECTION 1. The Council shall meet on the day preceding the Annual Session and daily during the Session and at such other times as necessity may require, subject to the call of the chairman or on a petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline work for the ensuing year. It shall elect a Chairman and a Clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its Chairman, make an annual written report to the House of Delegates.

SEC. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual written report of his work, and of the condition of the profession of each county in his district at the annual session of the House of Delegates. The nec-

essary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expenses in attending the Annual Session of the Society.

SEC. 3. The Council shall be the Board of Censors of the Society. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or of the Treasurer, the Council shall fill the vacancy

## CHAPTER VIII.—COMMITTEES.

SECTION 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Arrangement.

Such committees shall be appointed by the President unless otherwise provided.

SEC. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers and discussions shall be presented.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, State and national affairs and elections.

SEC. 4. The Committee of Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

## CHAPTER IX.—COUNTY SOCIETIES.

SECTION 1. All county societies now in affiliation with this Society or those which may hereafter be organized in this State,

which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

SEC. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

SEC. 3. Charters shall be issued only on approval of the Council, and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 3. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Council for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is a graduate of a reputable medical college and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SEC. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

SEC. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present



the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

SEC. 10. Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. At some meeting in advance of the Annual Session of this Society, each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members, and one for each major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Society at least ten days before the Annual Session.

SEC. 12. The Secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

SEC. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society each year thirty days before the Annual Session.

SEC. 14. Any county society which fails to pay its assessment, or make the report required, on or ten days before shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

#### CHAPTER X.—MISCELLANEOUS.

SECTION 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak longer than five minutes nor more than once on any subject, except by unanimous consent.

SEC. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

SEC. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 4. The Principles of Medical Ethics promulgated by the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

#### CHAPTER XI.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

## District and County Societies.

CONWAY COUNTY.—At a regular meeting of the Conway County Medical Society, at which a large number of members were present, the following officers were elected for the ensuing year: President, F. Gordon, M. D.; vice president, J. F. Holbrook, M. D.; secretary, G. W. Ringgold, M. D.; delegate to the State Society, G. W. Ringgold, M. D.; alternate delegate, J. F. Holbrook.

G. W. RINGGOLD, *Secretary*.

MISSISSIPPI COUNTY.—The May meeting of the Mississippi County Medical Society promises to be an especially interesting one. "Amebic Dysentery" is the title of a paper to be read by Dr. R. P. Nall, of Amorel, Dr. H. F. Crawford, of Wilson, will read a paper on "Placenta Previa," and Dr. G. W. Parker, of Blytheville, will treat of "The Management of Abnormal Positions in Labor." At the April meeting Dr. J. D. Harbert reported an interesting case of "Ectopic Gestation With Escape of Fetus Through the Rectum."

O. HOWTON, M. D., *Secretary*.

BENTON COUNTY.—The Benton County Medical Society met in regular session in the Commercial Club rooms at Rogers, with the following members and visitors present: Dr. C. A. Rice, president, Gentry; Dr. J. A. Fergus, acting secretary, Elm Springs; Dr. M. W. Duncan, Centerton; Dr. Charles H. Cargile, Bentonville; Dr. R. S. Rice, Rogers; Dr. E. E. Pickens, Rogers; Dr. J. W. Curry, Rogers; Dr. W. F. Greene, Lowell; Dr. Bronson, Montanee; Dr. E. W. Cowger, Montanee. Several cases of interest were reported and discussed. Dr. Cargile read an interesting paper, which was well received and freely discussed by all.

A report was made to the society by Dr. E. E. Pickens on the death of one of our members, Dr. A. L. Whitcomb, of Rogers.

Resolutions of respect will be presented later.

A message was received from Dr. Joseph T. Clegg, of Siloam Springs, who expressed regret at being unable to be present. He asked our society to use its influence in behalf of medical legislation now pending in the legislature, in the fight on tuberculosis. The president had some time since appointed the following Committee on Medical Legislation: Dr. J. T. Clegg, president, Dr. R. S. Rice and Dr. Charles H. Cargile.

A motion was adopted instructing the secretary to invite the physicians of Washington County to meet with us at our next regular meeting. Motion to adjourn, to meet in Rogers in regular session on the second Tuesday in May, carried. The next meeting will be held at Rogers, May 2, 1909.

J. H. BEARD, M. D., *Secretary*.

HOWARD COUNTY.—The Howard-Pike County Medical Society held an interesting meeting on the 22d of April. The post-graduate course of study has been adopted and is proving of decided benefit to the members. The following officers were elected: President, W. H. Toland; vice president, J. S. Hopkins; secretary, W. M. Gibson. Dr. Gibson was also elected delegate to the State Society and Dr. J. M. Daly alternate.

W. H. TOLAND, *Secretary*.

**The Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. The Jefferson Hotel will be the official headquarters. For information address the State Secretary, or Dr. W. J. Lowe, Secretary, Pine Bluff.**

LOCATION FOR SALE.—Good location in town of 1,000 population on the main line of railroad in Southern Arkansas. Good residence property and drug store can be bought for \$2,000.00. Address, Journal of the Arkansas Medical Society.

**Physicians, Attention!** DRUG STORES AND DRUG STORE POSITIONS anywhere desired in the United States, Mexico or Canada. F. V. KNIEST, Omaha, Neb. Easy Terms.

FOR SALE.—Nice office and lot. Practice gratis to purchaser. Railroad town. Eastern Arkansas. Price, \$300.00. W. B. Bean, M. D., LaGrange, Ark.



## News Items.

Dr. E. F. Ellis, of Fayetteville, has been in Rochester for several weeks.

Dr. A. J. Barlow, of Dermott, has returned from a prospective tour of Oklahoma.

Dr. B. J. Vance, formerly of Harrison, a brother of Dr. A. J. Vance, of Harrison, has been elected president of the Oklahoma Medical Association.

Dr. L. D. Wadley, of Wesson, is attending the New Orleans Polyclinic, but will return in time to read a paper before the State Society at Pine Bluff.

Dr. C. A. Pettus, of El Dorado, has just returned from Jackson, Miss., where he went to read a paper before the Mississippi State Medical Association.

The following members of the State Society are in Chicago attending the clinics: Saint Cloud Cooper, Fort Smith; C. G. Woods, Huntington; J. L. Reich, Everton; L. Elton, Bruno; C. M. Lutterloh, Jonesboro; R. T. Gephart, Cotton Plant.

The second quarterly meeting of the State Medical Board of the Arkansas Medical Society was held at the Hotel Marion, Little Rock, April 13, 1909. There were sixty-three applicants for license, nine of whom were colored. There was a full attendance of the board. The next meeting will be held the first Tuesday in July, 1909.

Dr. Aris W. Cox, formerly of Pendleton, S. C., has located at Helena, forming a partnership with his brother, Dr. Allen E. Cox.

Dr. A. J. Vance, of Harrison, who has been at Rochester for several weeks, attending the Mayo clinics, has gone to Chicago and will remain at the Polyclinic until the 15th, at which time he will leave for Pine Bluff to be in attendance at the State Society meeting.

Dr. George E. Petty, of Memphis, Tenn., has closed his Denver and Atlantic City retreats and has sold his interest in the Oakland retreat to his former associate, Dr. C. L. Case, who will continue the work at Oakland

in his own name. Improved facilities have been provided at the Memphis Retreat for Handling Alcohol and Drug Cases, and hereafter Dr. Petty's entire work will be done there.

The thirty-third annual commencement exercises of the Medical Department of the University of Arkansas were held in the Y. M. C. A. Auditorium Friday evening, April 30, 1909. There were twenty-two graduates. Rabbi Louis Witt, of Little Rock, delivered the annual address and Prof. C. E. Witt, of the faculty, delivered the valedictory to the class. Governor Donaghey presented the diplomas to the graduates.

An itinerant who styled himself "Dr." Emory recently located at Elliott, Ouachita County, and began the practice of medicine without first procuring license from the State Board. As a penalty for his short-sightedness he was convicted of violating the medical practice act and a fine of \$25.00 and costs was assessed against him by the circuit court.

The third annual commencement exercises of the College of Physicians and Surgeons were held at the auditorium of the Y. M. C. A. on Thursday evening, April 29, 1909. Prof. Junius Jordan, of Pine Bluff, delivered the annual address and Prof. C. T. Drennen, of Hot Springs, delivered the address to the graduates. There were fourteen graduates in medicine and eight in pharmacy.

## Marriages.

Dr. John Short Jenkins, of Pine Bluff, to Miss Bess Eskham, of Pine Bluff, May 5, 1909.

**The Thirty-Third Annual Session of the Arkansas Medical Society will be held at Pine Bluff, May 18-21, 1909, under the presidency of Dr. Joseph T. Clegg. The Jefferson Hotel will be the official headquarters. For information address the State Secretary, or Dr. W. J. Lowe, Secretary, Pine Bluff.**

## Obituary.

Dr. William S. Lindsey, age 50, died at his home at DeQueen, Ark., March 1, 1909. He graduated from the Medical Department of the University of Arkansas in 1883 and practiced at Mountain Home, Ark., and Oklahoma before moving to DeQueen in 1903. He was a member of the Sevier County and the Arkansas Medical Societies and was favorably known by many physicians all over the State.

At the April meeting of the Sevier County Medical Society the committee appointed to draft resolutions on his death reported as follows:

"Whereas, On the night of March 1, 1909, God sent the pale messenger of death to his home and removed from earth our valued colleague, Dr. W. S. Lindsey, of De Queen, thus making the first break in the happy circle of his home; and

"Whereas, During his residence in De Queen Dr. Lindsey was ever an active, wide-awake and progressive physician, always demanding just recompense for services render those able to pay, yet ever mindful of his obligations to humanity, the widow and orphan, those deserving of charity receiving from him the same attention as those in affluence; and

"Whereas, As a citizen, he was progressive and ever ready to forward an enterprise that promised returns to his people and city; and, being possessed of a high sense of moral duty, he was ever ready to battle for the right against the wrong, for the weak against the strong; therefore, be it

"Resolved, That in the death of Dr. Lindsey the Sevier County and Arkansas Medical Societies have lost an active and valued member; and further be it

"Resolved, That we extend our sympathy to his family, spread these resolutions upon the records of this society, and request their publication in the Journal.

R. F. JOHNSON, M. D.

R. L. HOPKINS, M. D.

W. E. WISDOM, M. D.

Committee.

LOUIS R. STARK, M. D.

The following resolutions on the death of Dr. Louis R. Stark were read and adopted by a special meeting of the faculty of the Medical Department of the University of Arkansas, April 14, 1909:

Whereas, Death has taken from us our beloved colleague, Dr. Louis R. Stark, and

Whereas, Dr. Louis R. Stark was one of the pioneers of the University of Arkansas, Medical Department, and one of its active teachers for nearly thirty years; therefore, be it

Resolved, That we extend to his family our sympathy in their bereavement, realizing as we do the strength and tenderness of the devoted husband and father and their sorrow and grief for his death. Further, be it

Resolved, That in the loss of our friend and colleague we feel a deep sense of personal bereavement; we realize that we have lost a teacher

who was esteemed and respected; a brother physician who stood for the highest ideals of his profession; a type of gentleman, a good citizen and a gallant soldier. Further, be it

Resolved, That a copy of these resolutions be spread upon our minutes and a copy be transmitted to the family of our former colleague.

F. VINSONHALER, M. D.

EDWIN BENTLEY, M. D.

E. R. DIBRELL, M. D.

JOHN HUTCHIN GAINES.

At a meeting of the Garland County-Hot Spring Medical Society, held April 21, the committee appointed to draft suitable resolutions on the death of Dr. John H. Gaines, who died at his home on the 19th of April, reported as follows:

Whereas, Death has removed from us JOHN HUTCHINS GAINES, one of the charter members of this society, an earnest believer in and worker for organized medicine, upright in all his dealings with his fellow-men; and,

Whereas, By his gentle manner, integrity and worth he endeared himself to all men who met him and received his valued aid; therefore, be it

Resolved, That the Garland County-Hot Springs Medical Society and the community at large have lost a noble character, a valued doctor, a beloved citizen and a scholarly gentleman, whose loss we mourn. Further, be it

Resolved, That we extend to his surviving family and the community our heartfelt sympathy in this bereavement; that these expressions in memory of the deceased be spread upon the records of this society, a copy offered to the press for publication, and that the same be presented to the family of our lamented colleague.

J. M. KELLER, M. D.

J. C. MINOR, M. D.

W. T. WOOTTON, M. D.

## WHEN MOMENTS ARE GOLDEN.

There are times in the experience of every practitioner when moments are precious—emergencies when there is not an instant to lose. A patient, let us say, is writhing in pain. To alleviate his suffering, the physician must act promptly and with precision. Dependence, in such a crisis, is usually upon a single little hypodermic tablet. And that tablet—will it justify the faith? Is it **medicinally active?** Is it of **full strength?** Is it **soluble?** These become living questions.

Too much stress cannot be laid upon the importance of solubility. And let it be remembered that flying to pieces in water is not the requirement. Many tablets do that—fine, undissolved particles settling to the bottom. This is mere disintegration, not solution; and such a tablet cannot be depended upon to yield the results that the practitioner desires and expects.

Obviously, the physician should exercise care in choosing his hypodermic tablets. Let his source of supplies be a house with a reputation for making tablets that are stable, active and of uniform strength; tablets that **dissolve promptly and completely.** Let him search out a brand of hypodermic tablets that meet all of the requirements above set forth, and let him **specify that brand!**

The largest manufacturers of hypodermic tablets in the world are Parke, Davis & Co. The hypodermic tablets of this house are true to label. They are soluble. The materials entering into them are rigidly tested for purity and activity. Parke, Davis & Co.'s hypodermic tablets are thoroughly trustworthy. Physicians will make no mistake when they specify them on their orders.



















